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EDITORIAL COMMENT

NURSING EDUCATION: THE TEACHING RESPONSIBILITY OF THE HOSPITAL

SUPPOSING the hospital to have supplied ample living accommodations for the nurses and a sufficient number of pupils in the school, under trained heads of departments, for ample care of the patients in the ward, we come to the question as to how far the hospital management is responsible for the theoretical teaching of subjects which do not bear directly upon the practical care of the patients in the institution. In the past, more particularly in the early days of training-schools, hospitals have not assumed great responsibility, feeling that when the pupils had been given the practical experience in the wards, with the few and often-times disconnected lectures by members of the medical staff, given gratuitously, that its responsibility, from the educational standpoint, had been discharged. But we are leaving those days and conditions behind us and there has been a general awakening, first of all, by the nurses themselves, by the authorities of leading schools and by the members of the medical profession, of a broader responsibility to the nurse in training, for a more complete theoretical education, by which, through demonstrations and laboratory work, she shall be fitted for a more intelligent care of patients outside of hospital conditions.

The examinations, which are now being held in a number of states, are proving to be a very important and definite guide upon which to base improved methods of training. We find, for instance, in considering the last examination in New York, of which the questions were published in our last issue, that in the subjects purely practical, the nurses from the great majority of the schools, were well grounded.

In operating-room procedure they ranked first in proficiency. In the care of tuberculosis patients, they show careful instruction. In fever nursing and in all the line of cases which are most commonly met in hospitals, they were well grounded, but in the subjects more purely theoretical, or which cannot be taught clinically in the hospital, with few exceptions, they were weak, the failures coming, in the majority of cases, in the subjects of diet cooking, materia medica, the diseases of children, and obstetrics. That representatives from a dozen or more schools would be weak on practically the same lines is conclusive evidence, we think, that the instruction on those subjects in the schools is not yet what it should be, and forms a definite basis upon which the schools are to work in improving their curricula.

In the first outline of subjects required by the Regents for the registration of training-schools, three years ago, materia medica and diet cooking were among the requirements. Bacteriology was not added until January, 1906, and yet the pupils showed in this examination a better preparation in bacteriology and its practical relationship to surgery, tuberculosis, typhoid fever, etc., than they did in diet work and materia medica.

We do not for a moment advance the idea that the theoretical instruction is of more importance than the practical. If the hospital can do only the one thing, it is of vastly more importance that its pupils should be thoroughly grounded in the simple, practical details of the care of the patient, than that they should be able to pass a difficult examination in bacteriology or be proficient in the spelling of purely scientific, technical terms, but the deficiency in diet work is really a very serious one and the lack of practical knowledge which seems to have been shown in many of the papers on materia medica, is really surprisingly deplorable, when we consider the extent to which nurses must, in both hospital and private work, prepare the patients' food, and handle dangerous drugs, and frequently be expected to intelligently administer them, in the absence of a physician. There is no question, in our opinion, but that the schools will profit immediately by the failure of their pupils to pass satisfactorily in these subjects and that each examination will find the applicants better prepared. This is exactly the result which state registration is expected to produce, and the situation, rather than being a discouraging one, is most encouraging.

Now we come to the question, to what extent shall the hospital management be called upon to use its funds for the purely theoretical and scientific preparation of the pupil for the broader field of

private nursing. We endorse Dr. Hurd's recommendation that training-schools for nurses should be endowed, that they should be classed with the higher educational institutions and not with commercial enterprises. As we said last month, the endowment of nurses' homes, in connection with the hospital, is now quite universal and it is only a step further to the establishment of special funds to meet the teaching requirements of the school—special apparatus for demonstrations, paid teachers to teach nursing in all of its branches, both in the ward and by theory, paid specialists for the diet department, with opportunity for actual practical work, paid instructors for those subjects strictly medical, the teaching of which should be kept within the province of the medical profession.

Already we have some illustrations of this plan of instruction, in such schools as the Johns Hopkins, in Baltimore, the Presbyterian, the New York, and the New York City hospitals, the Massachusetts General, in Boston, and others. These institutions are large, are richly endowed and have borne the expense of the development of the schools along those lines, feeling that the better service secured for the hospital is an equivalent for the additional financial outlay, but at the same time appreciating the responsibility of the hospital to the public, as a teaching center for that class of workers who have become so necessary to the public welfare.

The endowment of the training-schools of large hospitals, where friends and influence are easily secured, is comparatively simple. The difficulty and the greater burden is with the smaller schools, which are equally important to the public, but which find greater difficulties in securing funds for maintenance. Our recommendation to the small schools is for closer affiliations and a union of forces for the strictly theoretical or scientific side of the nurse's education. We find, in the smaller cities, where there are two or three struggling hospitals, a spirit of antagonism almost always existing between the managers and officers of the institutions. Friendly rivalry is much to be desired, but antagonistic rivalry is a great detriment to the best welfare and development of the hospitals and to the public. We find too often this rivalry especially marked between the superintendents of the training-schools in these smaller cities, a condition unpardonable, unprofessional, and absolutely detrimental to the development of nursing progress. We would say that our first reform in training-school work must begin with members of the nursing profession holding positions at the heads of schools, and that until these women get into a closer and more friendly per-

sonal relationship, and are willing to work together for the best interests of all nurses, as well as for the nurses under their care, that little can be expected from their boards of managers, or from the public, in the way of coöperation. The superintendent of a hospital creates the atmosphere of the institution. This is particularly so in a small institution, where this officer is a nurse. She may be ever so much in the background, practically unknown to the public, but she controls the spirit of the administration by her own attitude and influence with her board.

V The education of the public to a greater knowledge of the needs of training-schools and the necessity for the endowment, must be accomplished principally by the women holding hospital positions. There will be coöperation from individual men and women interested in hospitals and nurses, but only through the great nursing body will this knowledge be broadly distributed.

We do not mean to give the impression that hospitals that are now conducting training-schools shall be in any way relieved of their present responsibility, but rather to endorse Dr. Hurd's plan of seeking to lighten the burden of the hospital and at the same time broaden its educational scope by securing special endowments to be used exclusively for the professional side of the nurse's education.

APPRECIATION

DEW THERE are times in the lives of all of us when we feel greatly discouraged over the failings of our fellow-mortals. The hospital superintendent, who has been straining every nerve to provide the best advantages for her pupil nurses, finds them accepting all these complacently as their due and they sometimes have an air of almost conferring a favor on the school by being in it; surgical and obstetrical nurses, after making everything sterile that a trained conscience can suggest, find their patients referring to their efforts as "a great fuss" and alluding to the "good old times" when people could die of appendicitis without knowing what ailed them, or have babies and puerperal fever together without much trouble. Alumnae workers are disheartened by the fact that all work and responsibility must be borne by the willing few, while others, equally able, if they but thought so, look on and criticize. There are days when the JOURNAL editors reach the conclusion that they must henceforth write all the articles themselves, and invent all the items.

At such times of depression, we need to follow the advice given by a four-year-old boy to his two-year-old brother, "We must have patience in this world, Charles." Probably the most wholesome remedy is to turn an eagle eye upon our inner selves and to inquire whether we have always been appreciative of our blessings and earnest in coöperating with other workers. Possibly, if we now possess some degree of thankfulness and earnestness, we have acquired these qualities through long experience and after many failures. Who is not covered with confusion as she remembers "benefits forgot" and opportunities neglected? When the pupil nurses graduate and go off on paths of their own, they will appreciate what was done for them, if they do not do so now. Browning's *Luria* says:

"If we could wait! The only fault's with time;
All men become good creatures: but so slow!"

As an illustration of how appreciation is developed by circumstances, let me quote from a nurse whose duties call her into country homes where there are no conveniences, or into untidy houses where to eat seems impossible. "When one thinks of the many, many things to be done every day by the nurse, with no direct bearing on the patient, it does seem that a hospital case once more would be perfect bliss"; and again, "Many times I have planned to stay away from the kitchen while the meal is being prepared because I know if I do not I cannot eat. The regularity and simplicity of a training-school meal would seem a wonderful treat. At one place I lived on boiled eggs, hickory-nuts and apples; anything that had been opened in that house, I had no use for." This nurse was probably grateful for her blessings at the time of her training, as far as in her lay, but it requires experience to ripen true appreciation in us all.

It will not do to give up ourselves or our fellow-beings in despair; to indulge in self-pity is the most harmful of occupations. Let us take Emerson's advice:

"Every man takes care that his neighbor shall not cheat him. But a day comes when he begins to care that he does not cheat his neighbor; then all goes well. He has changed his market-cart into a chariot of the sun."

FREE TO ALL NURSES

THE announcement was made in these pages some months ago of the endowment of a room in the Presbyterian Hospital in New York for the use of sick nurses. This very liberal gift to nurses was

made by Mrs. Maurice K. Jessup, in memory of her mother, and is known as the Eliza Dewitt Memorial room. This room is intended to be not only for the use of the graduates of the Presbyterian Hospital, but for any graduate employed by the New York Mission and Tract Society, and any graduate from any reputable training-school in good standing. This is the most liberal gift to nurses that we know of, and we think it is not perhaps generally known that it is free to all nurses. Of course the applicants for its use who are strangers to the hospital authorities must furnish satisfactory evidence of their eligibility.

We have recently received a letter of inquiry from one of our subscribers, asking what it is customary for hospitals to do in regard to the care of their graduates. We do not think there is any fixed rule governing the hospitals. We know of some who make it a practice to give a liberal reduction in private rooms, and who give private-room care to their graduates free of charge, when they know the nurses are unable to meet the cost of a long sickness. We know of others who give free care only in the wards. We have never heard of a hospital which refused to care for its graduates, if they were not able to pay. The custom is becoming quite general, particularly in the larger centers, for the alumni associations to endow a room for their sick members in the hospital, and many of those associations now have sick-benefit funds which are available to any of their members.

A BADGE FOR REGISTERED NURSES

THE demand for some distinguishing sign for registered nurses becomes greater every day. There have been a number of suggestions which have not seemed altogether practical. A pin is too easily lost or stolen and such emblems are so universally worn by members of organizations of all kinds, that they no longer attract more than a passing glance. We think some kind of a sleeve band should be adopted to be worn only with the uniform, when the nurse is on duty. The Red Cross insignia cannot be used, but we think the letters "R. N." embroidered in blue or red with the state underneath, might be patented by each state association, and its abuse carefully guarded. It would be quite possible for the associated alumnae, acting through a committee representing the states, to agree upon an emblem to be used by all of the states, with the addition of "New York," "Virginia," "Indiana," as it might be. We think it is time that some action should be taken by the nurses themselves for the provision of

a distinguishing mark to be universally worn by registered nurses on duty.

Then, if in the development of the Red Cross Society, the nurses enrolled are allowed to use the Red Cross emblem this emblem might be added to the band. The only difficulty that would seem to present itself would be in securing proper protection, but we are quite sure that this is possible if all the states now having registration would work together.

MIDWIFERY CONDITIONS IN NEW YORK

MISS ELIZABETH CROWELL, a graduate of St. Joseph's Hospital in Chicago, is engaged in making an investigation of midwifery conditions in New York City that will without doubt be an exceedingly important and entirely original contribution to the sum total of data bearing on social and medical problems. There are now between eight and nine hundred midwives practising among the foreign-born sections of the population. They are absolutely unsupervised, and even the Board of Health has had but a cursory and superficial knowledge of their detail work. While it is too soon to forecast Miss Crowell's findings, it is not too soon to say that she is pursuing her investigations with a masterly intelligence and rare thoroughness and expert knowledge. Her report will appear early in the coming year. Miss Crowell is doing this work under the auspices of the New York Association of Neighborhood Workers, and has been residing in the different branches of the Nurses Settlement.

THE PATENT DRUG EVIL

THE Counsel of the New York County Medical Society, Mr. Champe Andrews, well known to nurses of the state for his friendly participation in their legislative work, has written a very notable and forceful article in a recent number of the *New York Medical Journal* on the urgent necessity of uniting all existing bodies whose aims relate to public health or individual purity of body or mind, in one grand affiliation to war against the patent drug evil, with its attendant curses of corruption and deception. Mr. Andrews proposes to unite, for instance, such widely-diverse associations as the American Medical Association, Young Men's and Young Women's Christian Associations, Church organizations, Public Health Associations, etc., etc. He has, in fact, taken the first steps toward such a union, and has received encouraging replies from all sides. He aims at a

national association which shall advance irresistibly against the quack medicine trust, which brings so many other evils in its train. We suggest that organized nurses should be included in this army and cordially approve Mr. Andrews' bold and constructive plan.

CATHETERIZATION OF MALE PATIENTS

Ques PERIODICALLY this subject comes up for discussion, and though there is nothing new to be said about it, we may occasionally remind ourselves of the conclusions reached by those who have had it to deal with.

Catheterization of a male patient is not a difficult matter or one which requires practise and it is not an essential of a nurse's preparation for her work, for the great majority of nurses will never be called upon to do it. Where occasion does arise, such as a patient in the country with the doctor miles away, and with no other person fit to be trusted to do it properly, the nurse can be shown once, by the attending physician, and she will have no trouble in the procedure later. The occasions in a hospital, where a nurse can be properly taught, arise but seldom, but these should be taken advantage of. In the case of an unconscious man or boy, an attending physician, or a house doctor of good standing, can instruct a pupil nurse in the presence of the head nurse. The plan sometimes suggested of using a catheter for a small boy in order to teach the nurses, is not conducive to good morals in the boy, and these should not be left out of consideration.

Many things that a nurse may do for a man in his own home would be very questionable for her to do for the men in the public wards of a hospital.

No doctor of good principles will leave an order for the use of a catheter by a nurse for a man who is conscious, though ill, and the superintendent of nurses who resents such an order is upholding the moral tone of her school.

A RESIGNATION

WE regret to announce the resignation of Miss Marie R. Jammé from our staff of collaborators, because of pressure of other duties. Her place will be filled by Mrs. Alex. Colvin, of 623 Grand Avenue, St. Paul, Minn., President of the Minnesota State Nurses' Association.

CHRISTMAS; NIGHT WORK AND WOMEN

THE Christmas season has begun for thousands of factory girls in New York State. Many weeks before the holidays the factories work "overtime," turning out articles for the Christmas trade. Factory inspectors and others in touch with shop conditions have long been alive to the fact that in these months there is open violation of the New York law and women and young girls are kept working thirteen and fourteen hours in a day.

But no such wholesale estimate of the situation has been gotten together as that embodied in a report of an investigation in New York City, carried on under the College Settlements Association, aided by the Association of Neighborhood Workers, the Consumer's League, the Women's Trade Union League, working girls' clubs and other organizations of a similar sort.

Some of the facts dug up are little short of the sensational in their arraignment of industrial abuses. For example, there is the theatrical dressmaker, who, last January, kept girls at work from eight in the morning until half-past two the next morning, in her shop just off Broadway. The investigator was Miss Mary Van Kleeck, of the College Settlement. To quote three cases from her report, illustrative of many others:

"Paper boxes are an important part of the Christmas trade. In a paper-box factory in New York City a girl operates the cutting machine. To keep one's hands clear of the stroke of the knife requires constant watchfulness, yet no protection is provided. The guard, which was invented to prevent accidents, limits the output by one-half, and the girl would be discharged if she used it. In rush seasons this girl and all the others in the factory (they number three or four hundred) work from 7:45 A.M. until eight at night with a half hour for lunch and no time for supper. On Saturday they stop at 4:30 in order that the cheapest girls (who earn \$2.50 a week) may have time to clean the machinery. They frequently work on Sunday, making a total of more than seventy hours in a week. To the question 'Would you be discharged if you refused to work overtime?' the answer was 'Yes'.

"A candy factory works from 7:15 A.M. until 7:45 P.M., with one-half hour for dinner and no time for supper, twelve hours in a day, five days in the week. On Saturday, they work until 6:45 P.M., eleven hours, seventy-one hours in the week.

"In a cigar factory the women work from 7 A.M. until 7 P.M., and on Saturday until 5 P.M. The workers live in the neighborhood. Promptly at twelve they rush from the factory for dinner, returning to work after fifteen minutes or less. They are piece-workers, and they must lose no time or their wages will be very small. Their working weeks in the season preceding Christmas are nearly seventy hours long."

While the factories are "speeding up" in every department this autumn, and the fifty factory inspectors are trying to watch 78,000

factories in the State, the Supreme Court of New York in the appellate division is about to decide whether New York State has a right to restrict the hours of women's work in factories. Besides forbidding a working week longer than sixty hours, New York State prohibits the employment of women between the hours of nine at night and six in the morning. If the judges should hold this latter provision unconstitutional, the "bosses" in the factories might legally keep their women employees at work all day and all night, any hours not exceeding sixty in a week. That theatrical dressmaker who, last winter, kept her girls at work for over eighteen consecutive hours would then be within the law.

The courts of several states have given decisions on this subject. Illinois decided that such laws violate freedom of contract. But Massachusetts, Nebraska, Washington, and Oregon, and the Supreme Court of the United States, have declared that freedom of contract is not violated when the state extends legal protection where (by reason of economic inequality) the contract is not free, or where public health and public morals demand legislative restriction. In an article in the October issue of *Charities and The Commons*, Miss Van Kleeck discusses the situation. She says:

"It is not true that factory women are free to contract. When one side can say to the other, 'Work on these terms or lose your job,' 'Work or starve,' the contract is not free.

"If the public demands it, New York State will frame wise laws for the protection of women workers. The decision of the Court will be the foundation. If adverse, it will turn far back the progress of industrial betterment, at the very season of the year when legal protection is most needed."

THE TRAINING OF DISTRICT NURSES

We think the last word has not been spoken by Miss Dock on the subject of the training of visiting nurses, although she expresses views that are held by many of the most able teachers in the profession. If this experience can be given under proper supervision during the last half of the third year for a period of not more than three months we think it may be made exceedingly valuable as a means of developing character and of giving a broader conception of a nurse's life and obligation. If at that period a pupil is incapable of giving acceptable service to the poor she certainly should not be permitted to graduate and with the protection of her diploma impose upon the rich.


The plan is not practicable for all hospitals or in all places but

we believe it may be used to advantage under some conditions where the hospital experience is limited and where abuses can be controlled. We should not lose sight of the fact that the ideal method of training nurses has not yet been discovered and that as a profession nursing is only in its infancy.

PROGRESS OF STATE REGISTRATION

MISSOURI.—The first report from the state association of Missouri appears in this number, and if our list is correct makes twenty-four states organized, with a law for state registration of nurses already in operation in eight of them. This is a splendid showing for so short a period of time.

We are now making a clubbing offer which will extend through the year of 1907, and it includes so many good "bargains" that we hope all of our readers will tell their friends about it. It benefits old as well as new subscribers. Look in the advertising department of this number for Clubbing Offers for 1907.



A NURSE'S EARTHQUAKE EXPERIENCE**By LUCY B. FISHER**

San Francisco, California

I do not consider that my own experience as a nurse during the first days of our disaster is in any way unique. But the details and the impression which the dramatic scenes made upon me individually will make my story differ from that of others, so I feel somewhat justified in relating mine, as in doing so I am telling the story of nurses who lived in the midst of a drama that caused the entire world to hold up its hands in dismay, and made us who witnessed it, and carried our share of its momentous responsibilities, wonder that so finely an adjusted instrument as the human brain did not snap in some part of its delicate mechanism, while the fearful tension under which it was compelled to work endured.

The first vibration at 5.13 A.M., on the 18th day of April, awoke me. Without conscious volition I jumped from my couch and stood gasping audibly as I was shaken by the long vibrations, which were made more terrible by the vicious twists that set the house creaking and sent bric-a-brac and furniture flying onto the floor. My first conscious thought was to connect the vibrations with Vesuvius, and to relate its horrors to the one our city was at that moment experiencing.

I felt that such a cataclysm meant nothing less than death and that I at that moment stood facing it. I looked it calmly in the face, not through bravery perhaps, but because I was given no alternative. My past life did not come up before me, as drowning people say it does; probably as there was so much activity in my room a reflective mood was not possible. I was vividly conscious of breaking glass and of the swaying chandelier above my head, and obeying the natural instinct of self-preservation I stepped back to avoid the falling globes. I wanted companionship and ran into the hall, where I found my friend who roomed next to me, a young woman who is an adherent of the Home of Truth. I seized her hands and we swayed back and forth together with the rocking and creaking house. My friend repeated over and over again in a trembling and frightened voice one of the affirmations of her cult, "There is nothing to fear; there is nothing to fear." I not being a believer in mental science as it is commonly understood, under the circumstances most naturally differed from her, but only

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expressed my admiration to her for her loyalty towards her belief at this terrifying moment.

After a space of time that seemed minutes rather than forty-eight seconds, the frightful motion stopped, and we were advised by a clear-headed young woman who just then came up the stairs to dress ourselves quickly as more shocks were likely to occur.

Such confusion met my eyes when I opened my door! My beautiful apostle pitcher, an heirloom and one of my most cherished possessions, first attracted my attention. There it lay in fragments on the floor in the midst of chaos—shattered cups and saucers, gas globes, bric-a-brac, overturned books and furniture; the chandelier twisted out of shape and the drop-light hanging in a most despondent attitude from its attachment to my writing desk.

I was keenly conscious of a strong odor of pickles and realized that it came from an overturned pickle-bottle that was probably at that very moment dripping through the shelf of my chiffoniere into my top drawer onto my feather boa. How absurd it seems now that at such a moment, when death had almost touched me, my mind should have reverted to such a trifle as a feather boa and given me the impulse to rescue it from its threatened ruin! I picked my way carefully in my bare feet through the broken glass and china to search for my precious eye-glasses. I found them beneath the overturned dressing table on which I had placed them the night before, and took them out of the conglomerate mass of toilet articles in which they lay, and found them, much to my surprise and gratification, uninjured by their rough treatment.

I dressed quickly and completely, though omitting some of the details of my toilet such as nails and teeth, and went into the hall, where I met one of the nurses who belonged in the house. I asked her to go with me to the home of one of my friends, Miss C., who lived by herself in an apartment a block away and about whom I felt considerable anxiety, as I pictured her alone during the earthquake and even if not injured in need of companionship after such a terrifying experience.

Together we went out into the street and the first sight that met our eyes of the destruction the earthquake had wrought was that of the Sutter Street power-house, which was opposite our home; its roof and the clock that had become as familiar to us as the face of a friend were in ruins. We walked rapidly towards Miss C.'s home and found her in a vacant lot opposite her house, with a friend who had fortunately spent the night with her. This place became very naturally the rendezvous for the neighborhood the first hours of the disaster. Every one I saw

there was clothed and apparently in his right mind and quiet. This quietness of every one surprised me at that hour, and during the succeeding days of terror that followed with the fire. The people were evidently struck dumb with awe and seemed to realize that they were in the clutches of a gigantic power which it would be utterly useless to cry out against or resist.

Other friends of Miss C. also came to inquire after her safety, so while she went to see how her mother and sister were we made coffee in her apartment. The earthquakes were frequent, and even though not very severe there was sufficient uncertainty about their magnitude to reduce the time of the coffee-making to a very small period.

Those who could, drank the coffee; I was one of the number who was too excited to eat or drink. I felt a prescience that more evil was to follow the calamity we had just experienced. I believed that this cataclysm had extended over the entire globe, and had brought terror to millions of people; it seemed if we were in a different world from the one we had known and loved; as if we had been suddenly transported to some new planet and that the old familiar earth upon which we had depended and trusted had cruelly forsaken us, like a friend become disloyal after years of loving intimacy.

With one of the nurses I started down the street to learn the extent of the ruin wrought. On our way we passed a Nurses' Home, where a group of people sat on the doorsteps. One of the company recognized us and called out that most of the nurses had gone to the Mechanics' Pavilion, which had been opened as a hospital for the injured. A lump came into my throat at that significant message. Our duty was so unquestionable that without a word even having passed between us we started toward the Pavilion. We saw that the cars were not running but did not know until later that cables and electric wires and tracks and the power plants had all been so greatly damaged by the earthquake that the entire city was without transportation facilities, and that for many days it was to suffer from this very serious deprivation.

It must have been about half-past six, when we were walking down Polk Street, that our eyes were attracted by the sight of flames shooting high into the air from at least a dozen different points in the heart of the business section of the city. It was a terrifying sight, and we both felt that no fire company could master such a conflagration and that our dear city was doomed. When we reached Larkin Street we saw that blot on our city's escutcheon, the City Hall, in ruins. The Goddess of Liberty still stood with one arm triumphantly uplifted as if defying all of the elemental powers to destroy her, but the greater portion of

the walls of the dome had fallen, leaving the iron frame-work exposed. The rest of this massive structure, that had cost our city seven millions of dollars, and was twenty-five years in process of construction, also bore testimony to the dishonesty connected with it and stood now like a lie exposed.

While hurrying towards our destination we saw more evidences of the power of the earthquake. One house stood with its entire side torn away, which exposed the family to view and all of the bedroom furnishings. We could not help smiling in spite of the tragical aspect of the situation; it looked exactly like the doll-houses of our childhood, only much more animated, as the people were real, with bewildered expressions on their faces, and not just saw-dust dolls.

We found on our approach to the Pavilion that its entrance was surrounded by a cordon which was guarded by a force of policemen. We asked to be passed through the line but were refused until we said we were nurses. Instantly at the mention of the word "nurse" we were directed to the entrance. What a scene that huge building presented as we entered it; a building of such large dimensions that its area covered an entire block! The floor was strewn with mattresses, which were nearly all occupied by patients even at that early hour. Near the entrance to the building, where the patients were received, an improvised surgery had been established; it was surprisingly well equipped under the circumstances and seemed to lack nothing in the way of operating-room tables, dressings, instruments, enamel pans and basins, and even quantities of hot and cold sterilized water. Some days later I learned that most of this outfit had been carried over from the Central Emergency at the City Hall opposite, immediately after the earthquake, when Dr. McGinty, the surgeon on duty that night, had ordered the policemen to open the Pavilion for the new emergency hospital; the rest of the supplies had been appropriated from the surrounding drug-stores.

Patients were being brought in constantly and rapidly moving groups of physicians and uniformed nurses were gathered around the operating-room tables. In the body of the building there was a large number of people waiting on the patients; among this number were not only physicians and nurses, but men and women from other professions—lawyers, ministers, priests, Sisters of Charity, and many more not belonging to any profession. All were hurrying back and forth eagerly trying to help the poor sufferers in the way that seemed to them the best, for supervision in so much confusion was impossible.

My friend and I quickly took off our wraps and asked to be assigned to duty. "Pitch in," was our only order, and we followed it explicitly.

I lost sight of my friend immediately in the confusion and the bigness of the place, but caught glimpses of her later, once with a pillow-case pinned to her waist, in which she was carrying dressings (a plan which I copied as it was a time-saver and consequently a valuable suggestion), and later when the word was passed that appalled us and made all the rest of the morning's experience insignificant in comparison to the new disaster that threatened us.

I saw that at the surgery there were plenty of nurses and decided instantly to work in the body of the building. I feared that in the confusion some of the many critical cases might be overlooked, so I hurried around among the thickly-strewn mattresses with an extra blanket and a hot-water bag or cup of hot coffee for those with feeble pulses and blue lips.

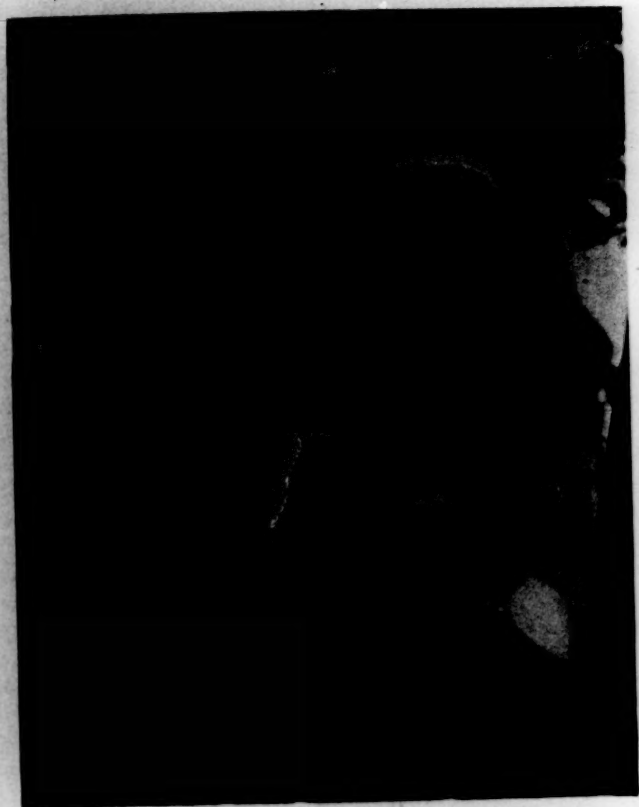
That hot coffee completed my surprise over the adequate hospital equipment. I have since learned that the many gallons of coffee and quantities of milk and bread that were brought in came from hotels in the neighborhood (the St. Nicholas was one) and the restaurants. The mattresses and beds not supplied by the Emergency Hospital came also from the hotels. There were of course dressings to be done and hypodermics to be given for stimulation and anesthesia. There was great danger in the confusion that the drugs administered would be duplicated, so as a precaution each one who gave a hypodermic injection pinned a tag on to the patient on which was written the quantity of the drug and time when it was given.

Considerable perplexity and delay was caused in losing the location of patients. The arrangement in itself was confusing—mattresses lying without any attempt at regularity all over the floor and constantly being rearranged by kindly-disposed people. I would go off for a basin of sterilized water to do a dressing and come back to the place where I supposed my patient to be and be unable to find him without a great deal of trouble.

Naturally in the eagerness of so many to help there was duplication of work. I recollect receiving the answer from one man to whom I offered coffee that he had already taken three cups.

One of the nurses there had an experience that at the moment when her mind was so absorbed in her work did not seem so humorous as afterwards when she recalled it. She saw a mysterious bundle of blankets that bore some resemblance to the human form and decided to investigate, so she pulled at the blanket and discovered a man beneath. He became exceedingly angry and shouted to her: "I am a great writer; how dare you come near me, you who are only an ordinary

Fig. 1.—The subject.



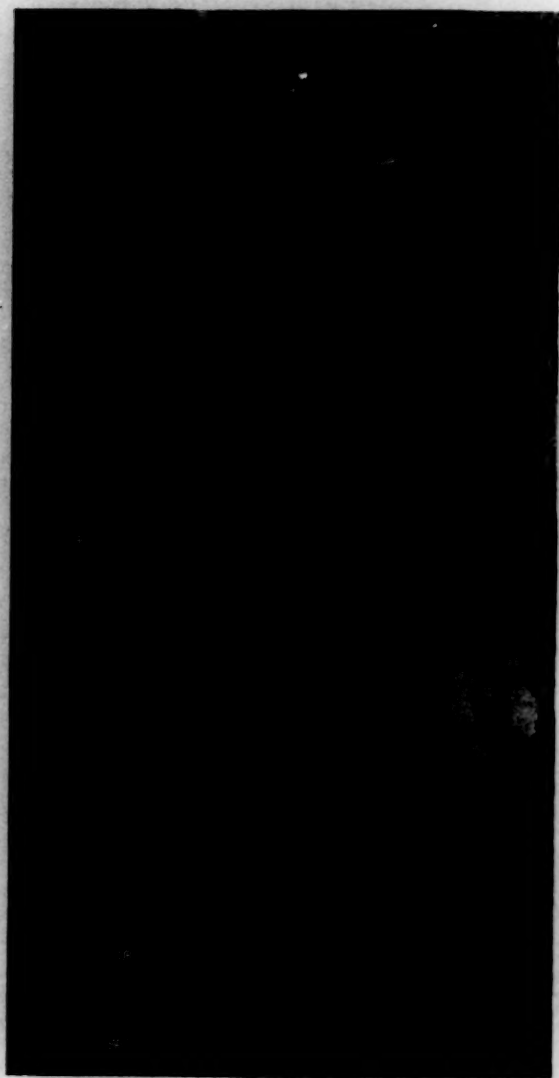


FIG. 2.—Red Cross flags. (Group under trees are making flags and hassocks.)

mortal!" The man of course was deranged. The nurse in relating the story said she could not resist delaying a minute to see if others would repeat her experience, and in a very short space of time a great many people came up in succession and removed the blanket from the man's face, while each time he violently protested.

It was the salvation of our minds that humorous things did happen then, and during the days that followed, for they were but incidents in a drama that we were all a part of and were to us what the fool is to the tragedies of Shakespeare, a moment's respite and relaxation for overwrought emotions.

Among the many heartrending scenes that I witnessed the one that touched me most deeply was a story that in one short sentence told of a grief that made physical injuries seem alight in comparison. I saw a woman weeping and knelt beside her to offer her my assistance. She seized my hand and told me in a broken voice that she had lost her three children. My own overwrought nerves almost gave way when she told me this, and I was compelled to leave the woman to hide from her my distress.

About three weeks later I was asked by the Red Cross to call on a Mrs. H., who had just left the hospital and needed an elastic stocking for her leg that had been burned, and was but recently healed. When I called I found it was the woman whose story had so deeply affected me in the Pavilion. One of her three little girls had been found, but she and her husband were still searching for the other two. The futility of it was impressed upon me when she told me that the earthquake had thrown a building on top of the one she and her family lived in, and had pinioned two of her little girls down in their bed. Her husband was ill at the time, so could be of no help in rescuing the children, and while she alone was trying to extricate them her clothing took fire and she was dragged away by some men who were strangers to her, and rolled down a roof that had fallen near her window; she lost consciousness and knew nothing until she awoke in the Mechanics' Pavilion.

As in a bad dream when out of a confused mass of memories but one or two definite incidents can be recalled, so out of my experience in the Pavilion only a few scenes are pictured clearly in my memory.

One of these pictures is of a group standing around a cot on which lay the unconscious and mangled form of a woman. In the group were physicians and nurses and the injured woman's sister, a Salvation Army lassie. I held the woman's poor crushed leg while the surgeon put on a temporary bandage after deciding that an amputation was necessary. The surgeon told me later in the week that the woman had at the time

I saw her a chance for recovery, but she was moved twice on account of the fire and subsequently died from shock.

Time seems to go much more slowly when it is crowded with events than when the hours pass in comparative uneventfulness. I remember one of the physicians in the Pavilion asking of another the time of day. "Half past eight," was the answer. "Great heavens," the physician exclaimed, "I thought it was at least twelve o'clock."

An earthquake heavy enough to be terrifying occurred in the middle of the morning. A number of people started to run out of the building, but were prevented by policemen at the door and by Dr. Millar, Surgeon-in-Chief of the Central Emergency, who called out, "Stay where you are!" The words were no sooner completed than the shock was over.

It must have been almost noon or a little after when I was making an attempt to systematically pass from one patient to another with a pitcher of coffee and some bread, when my companion came up to me and in a low excited voice said: "The building is on fire; the patients are to be removed as quickly as possible at the rear entrance." I looked around, expecting to see people rushing excitedly about rescuing patients, but evidently few then had been told of the fire, for groups of men were standing about who had undoubtedly come to help but did not know what to do. I went up to the men near me and passed the word on to them in a low voice and directed them to pull the patients on the mattresses to the rear entrance beginning with those nearest the exit, as there was no passage way to drag the further mattresses until those in front were removed. Others passed the word quickly and in an incredibly short space of time every one was at work and the three hundred and fifty-four patients were removed in ambulances and automobiles to the established hospitals. It was the wings of love that helped the hands and feet of the men and women to save those helpless ones who lay so patiently and uncomplainingly upon the floor waiting to be carried out. Not only then but during the entire morning the patients showed marvelous fortitude and complaints and cries of pain were almost unheard.

Dr. McGinty remained in the building until the entire equipment was removed, including not only the surgical supplies but all of the mattresses and bedding. A few people whose imaginations may have been abnormally developed by the reading of dime novels or attending the Central Theatre spread the most sensational reports regarding the fate of the patients. Some said they had been chloroformed, a report attributed to a nurse which on the face of it would appear false to any one who knows the length of time it takes to produce complete anes-

thesis; others said that the patients had been shot. Surely our calamity was tragical enough without it being necessary to add unnecessary horrors to it by such falsifications!

Dr. James W. Ward, President of the Board of Health, supervised the transferring of the patients and assigned my friend, another nurse and myself to the California Woman's Hospital, and directed us to the automobile that was to carry us there. Paul Revere's Ride might justly be compared to ours but nothing less sensational. I thought to myself, "We have lived through the earthquake and fire, but this is the end surely." We whirled around corners so rapidly we had to clutch on to each other to save ourselves from being thrown out; we sped past other automobiles and just escaped running over numbers of people along the route. The "hell wagons," as they have so often been called, were converted in our disaster to "chariots of mercy." They were the salvation of hundreds of lives and redeemed their reputation so fully that few San Francisco people will ever again tolerate the abuse of these vehicles so popular in the "Lighter Vein" of current periodicals.

The California Women's Hospital attendants said that we were not needed; so we made up our minds to go to Golden Gate Park, where we knew a hospital was to be established. Our automobile had gone, so we were compelled to face that serious problem of transportation, which so emphasized all of the hardships the first weeks of our calamity. That spirit of mutual helpfulness, which was so universal the first two weeks following the earthquake that it made a heaven almost out of what otherwise would have been a hell, had not yet reached this vicinity and it was only after several refusals for a drive to the Park hospital that our request was granted.

Near the Haight Street entrance we found the nucleus of a hospital in the midst of beautiful foliage and sweet-scented shrubbery. I believe it was the trees, the sound of bird-notes at dawn, and the odor of fruit-blossoms that saved us from insanity those terrible nights that we worked there.

We remained about an hour helping in the arrangement of the surgical supplies, and as no patients had arrived decided to return to our rooms and rescue some of our belongings from the fire. We were driven a few blocks and walked the rest of the way to our homes. On our way we saw the beginning of that march of the homeless pilgrims that lasted for days. It was always such a patient, quiet-looking army of dust-covered pilgrims, and when they paused to rest with their burdens by their sides they resembled the pictures of our Pilgrim Fathers which have so often stirred our childish imaginations. A keen student

of human nature might have drawn some clever deductions regarding the characters of these travelers by the things they had selected to save from the fire. The majority of people had saved bedding and trunks but many were regardless evidently of their practical needs. I saw a man carrying a cheap parti-colored plaster-of-paris statuette; another with a banjo, and parrots! I did not know any place but South America had so many of these disagreeable, shrill-voiced creatures; every other person seemed to possess one. A woman was seen carrying her parrot in its accustomed domicile, a large cage, and bearing a cat under her arm. The cat became troublesome and unmanageable, so she reversed the order of things and put the cat in the cage and the parrot on her arm—a change which seemed highly satisfactory to both animals. "This is the limit!" shouted one of the birds as it was being carried through the burning city. One of the absurd pictures was of a man elegantly attired walking out of a Van Ness Avenue home with a bundle of fly-paper under his arm.

When we reached Sutter and Polk Streets we knew that the fire was coming towards Sutter Street from the southern and eastern end of the city. My friend went with me to my room, where I hastily opened my writing-desk and took out a few papers, my very small jewelry possessions, my table silver, and from my closet and bureau some clothes. I put all into a dress-suit case and hand satchel; took my choicest picture from the wall and rolled my tiger rug around it. I wonder now that I did not make a greater effort to save more of my possessions, which were all valuable to me from association, but a curious metamorphosis of character had resulted from the morning's experience; things had lost their value and seemed about as essential just then as if I were preparing to go into the next world; and even with the desire for them still alive expressmen were demanding such exorbitant prices it would have been impossible for me to have engaged one, and if I could have done so where was I to send the things? I am sure my experience was that of hundreds of others. My friend helped me carry my bundles to her room, which was two blocks west of mine.

It must have been almost four o'clock in the afternoon and our bodies began to assert their demands for fuel. It awakened us to the fact that we had not eaten all day, so we went out on a quest for food. We were most fortunate in finding a restaurant on Larkin Street near Post. How the proprietor dared cook I do not know, as the edict had gone forth from Mayor Schmitz and Chief of Police Dinan that no fires were to be lighted either of coal, gas or electricity. The soldiers had not yet been stationed in that neighborhood to enforce the law, which may account for the proprietor's boldness.

There was no way for nurses determining where they were most needed except by personally inquiring at the various hospitals, which meant a great loss of time and much discouragement to many of them who were sent from one hospital to another, until many became so footsore and hungry that thoroughly disheartened they left the city.

Another nurse joined us on Van Ness Avenue, and when we saw a Presidio ambulance coming towards us we hailed it, and asked the driver if nurses were needed at the Presidio hospital? "Yes, indeed," he answered, so we jumped into the ambulance and after our long drive there were told by the head nurse that she had a sufficient number of nurses, but one of us had better stay in case many more patients should arrive. My friend and I did not wish to be separated, so the other nurse offered to remain. It was dark by the time we reached the Presidio and we were invited to remain for the night, but we were too anxious to get back to the Park Hospital to accept the offer. How to get there was the question that again puzzled us. We appealed to an army officer, who settled the matter for us by asking a German who was returning to his home in South San Francisco to drive us to the Park. The man told us on the drive that he had come to the Presidio in search of his son, who had been carried from the Mechanics' Pavilion to a hospital, and that he had finally found him at the Presidio Hospital.

From the hour of the earthquake these quests for lost relatives and friends began. At the Pavilion faces were eagerly scanned by distracted people seeking their lost ones. In the hospitals and camps these searches continued during the days that followed and have not yet ceased, and a few inspired by a love out of which has been born hope, will continue to seek their own until their mortal life is ended. "The cry of Rachael weeping for her children and refused to be comforted because they were not," was the picture at the Pavilion and at the Park Hospital and in the camps that made so many of us who looked upon it feel that words of comfort would be almost a mockery, and that all we could do was to offer a silent sympathy.

The Red Cross Association established an information bureau immediately after the earthquake, where people were requested to leave their names and addresses; at the present time 120,000 names have been recorded. The first weeks of the disaster the bureau was thronged with people who were searching for their relatives and friends, and even at the present time many applications are made for addresses of the lost.

Lights were twinkling from many lanterns among the shrubbery when we arrived at the Park Hospital. Several tents had been erected

and an awning placed in front of one of them which was near the entrance, to serve as the surgery. Beneath the awning stood an operating-table around which a small group of physicians and nurses were gathered. We were passed by the guard at the gate, who recognized us, and we knew beyond the shadow of a doubt as soon as we entered the grounds that this was the place where we belonged.

Never shall I forget that night and the succeeding nights that we worked at the Park! Those nights are as permanently impressed on my memory as if etched by a needle upon the membrane of my brain. We were living in a different world. Old things had passed away, and all things had become new and terrible, and if what scientists say is true, that continuity of life is dependent upon adaptability to environment, we possessed that qualification in a high degree for we continued to live while at the same time wondering how mind and body could endure it all.

As soon as my friend and I had donned our long white smocks, which we had brought with us, our work began. The regular staff of Emergency Hospital nurses were devoting their energies to the work in the surgery and supply-tent. My friend and I worked in the field, with a very few others to help us that first night. Patients were being brought in continually through the night and beds had to be made ready for them, which consisted of mattresses laid upon the ground under the little oak trees.

The glow from the burning city almost turned night into day, and made lanterns unnecessary as the night advanced, except in the supply-tents and the surgery.

We went from one patient to another, doing all in our power to relieve pain with hypodermic injections of morphia and to stimulate with hypodermics of strychnia, hot coffee and hot-water bottles. I tried at first to obtain my orders from Dr. Millar, who was in charge, before giving these injections, but so much delay was caused by looking for him that when I presented the matter to him he said, "Use your own judgment," which I did until the work abated a few hours later.

Back and forth we rushed through the long, long hours of the first three days and nights from the supply-tents to our patients, and from our patients back to the supply-tents. New faculties seemed to awaken to meet the unusual and heavy demands made upon them, and all of the senses became unusually keen. I wondered that I could remember the details of my work so well, while at the same time being compelled to plan continually for changing conditions, and even with so much in my mind, I would catch the odor of apple-blossoms from above my head or sweet-scented broom by my side, and rejoiced in its delightful

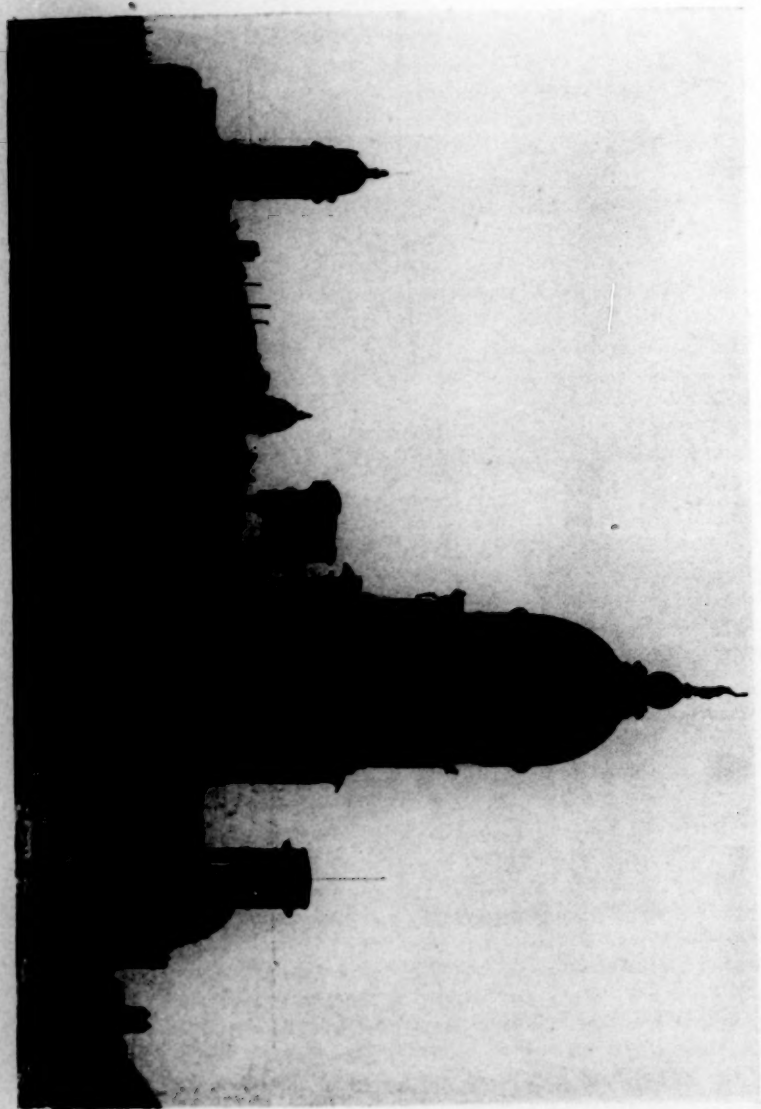


FIG. 3.—City Hall.

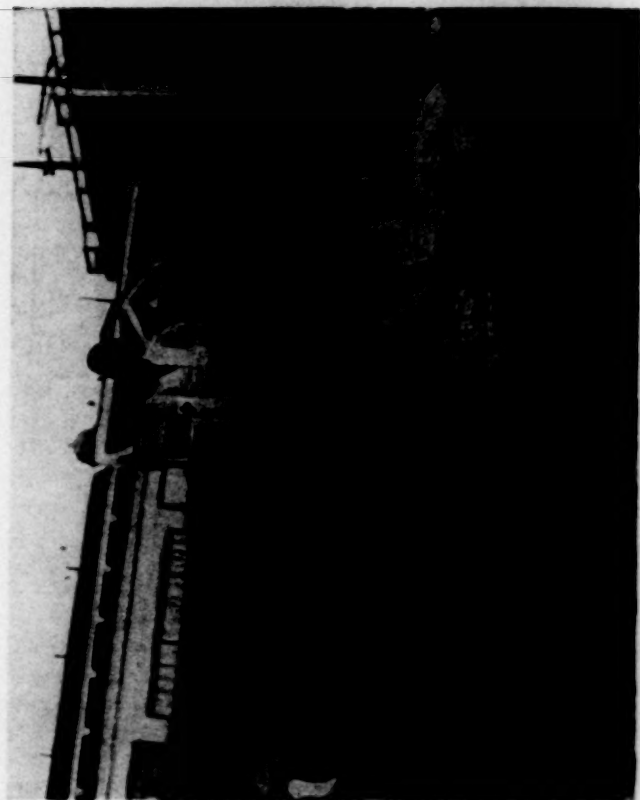


FIG. 4.—Patients being brought in to hospital.

fragrance as I never had in all my life before, and just before dawn after the hours of horror that first night, a bird from a treetop sang one refrain of such rare sweetness it seemed to me like a message from Paradise; the flowers' fragrance and the bird-note brought, too, the reality of the old earth back to me, which seemed to have passed away, and saved me from what I believed to be possible, madness.

The boom of the dynamite sounded all through the first nights and days and filled my heart with pity, for I thought of the brave soldiers and firemen working so heroically without sleep or rest in that frightful furnace while trying to save our city from complete destruction. I glanced up fearfully now and again at the crimson sky which made day out of night, for it looked as if the fire must be approaching so rapidly that even our camp, though so many miles from the city, was in danger from the flames. A number of firemen were brought in who had received injuries. One of them had a deep gash on his forehead and his hair was matted with blood. After we nurses had cleansed his hair we insisted that he lie down and rest, as he looked so completely worn out. He protested, as he said he must report for duty, but we finally prevailed upon him to obey our orders.

Our eyes were very much irritated the first few days by the constantly falling ashes from the burning city. Our clothing was covered by this symbol of mourning and we literally bore ashes upon our heads. The patients suffered most from this fire-dust. The third night I made the rounds with a couple of medical students, who helped me carry a lantern and the necessary outfit for cleansing the eyes, boracic acid solution and some absorbent cotton, and together we bathed the eyes of the patients. As they were on the ground we had always to kneel to our work and overhanging boughs from the shrubbery sometimes compelled us to stoop very low to reach our patients' eyes.

A full realization came to me then of how thoroughly weary I was. It was not strange, for I had been too excited since the earthquake to relax sufficiently to sleep and had even at the end of the week slept only ten hours during the entire time. One of the nights I tried to sleep in a house near by, where another nurse and myself were offered a room. The house was in darkness, so we lighted a candle to undress by. We had no sooner lighted it than a voice shouted from the outside "Put that light out;" my companion protested, but when I reminded her that it was one of Uncle Sam's men who had the orders to shoot if we disobeyed, she yielded her point very quickly. The sanitary condition of the house was too bad for us to remain there, and besides the thought of dressing at midnight in darkness and walking several blocks alone was

not a pleasant one, so we got up almost immediately and went back to the camp. My last night in the camp, when I was trying to sleep on a cot under the trees, my entire body began to jerk in an absurd and violent manner, and my respirations to come in quick moans and sighs. I was carried by the night nurses into the surgery and the physician gave me a hot medicated drink, which relaxed my jerking members immediately and allowed me to lie quietly until morning. The rain that fell on the days and nights when the greatest number of patients were in the camp made the situation much more serious than it otherwise would have been. Although most of the patients were on cots when it came, to allow them to lie out in the rain in their weakened condition was nothing less than inviting pneumonia to do its destructive work. Every effort was made by the men to put up the tents which had been sent to us by the army, so that in a few hours the weakest patients were under cover, and the others protected in a partial way by awnings. Volunteer workers came in ever-increasing numbers into the camp as the week advanced. Physicians, nurses, medical students and untrained workers composed the large corps of people who wished to help in the camp hospital. The great majority of these volunteers did splendid work, but there was a residue, as there is bound to be in every working body, that was a hindrance rather than a help to the camp life. A part of this residue was composed of unprofessional nurses, and only in rare instances was the woman who said "I know nothing about nursing, but am willing to do what I can," of any assistance whatever.

To pay a fitting tribute to the people who undertook the heavy burden of establishing a camp under such adverse conditions, and who bore the overwhelming responsibility of caring for the large number of patients who were brought into the camp through the days and nights of that first week is, I believe, an impossibility. I know that within my own soul there developed a deeper and greater reverence for human nature in the aggregate as I realized the real divinity of manhood shining forth in deeds of glad self-sacrifice which were manifested in a tireless devotion to the injured; in the performance of tasks that ordinarily might be classed as menial but were done with such an unselfish spirit that the work became glorified.

One of the acts which particularly impressed me was performed by a surgeon who by virtue of his appointment as a member of the regular Emergency Hospital staff took the precedence of all of the volunteers at the surgery. This surgeon recognized quickly that the most interesting place in the camp was the surgery, and that it was attracting a large number of fine professional men who would gladly assume his

duties there, and allow him to undertake the supervision of the commissary department, which even though it was the very antithesis in point of interest to the surgical work and attracted no one to its leadership, bore a very important rôle in the welfare of the entire camp and showed strong evidences that it was being neglected. The place under this physician's supervision was speedily rearranged; crude benches and tables were reconstructed, and the department was kept clean and orderly. I have a picture in my mind now of this surgeon with a pan of saw-dust in his hand sprinkling the earth so as to lay the dust in the space assigned for cooking and eating.

I saw physicians doing carpentering and others putting up tents; there were men and women who stood for hours cooking over a smoky stove unprotected from wind and rain, who made light of the hardships and dressed themselves up gaily in cooks' caps and aprons; others who served the large corps of workers with food who had never before known what it meant to do hard manual labor and were therefore finally prostrated by fatigue from the unaccustomed duties they had so cheerfully assumed. And there was our watchman at the gate, who shouted out to the surgeon through the long hours of the night as soon as he saw the light of an ambulance or an automobile coming up the street with its burden of injured people. I can hear his voice now, grown hoarse from shouting, and recall the night he finally sank down exhausted from his long vigil. It was deeds like these that showed the splendid spirit that dominated the camp.

Among the prejudices that I possessed before this experience which met a speedy death, with a few others equally unjustified, was one that I know is held by many people—the belief that men are unfitted by their nature to make good nurses. Among a number of men nurses in our camp there were three whose work was of such a quality they were accounted the most valued help in the field nursing. Never have I seen women show greater gentleness, more intelligent sympathy, or finer skill as nurses than these young men.

In praising the men I do not mean in any way to disparage the women nurses in the camp, but women nurses in general have earned for themselves such a fine reputation, one takes it perhaps too much as a matter of course that in such an extreme emergency as the one they were called upon to meet, they would surpass all of their previous efforts to care for the suffering dependent upon their ministrations. Early in the week a physician came to me and told me to have Red Cross flags made immediately, which were to be hung on the automobiles and ambulances doing relief work, as without these they would not be

passed through the lines. I seized a red comforter and tore strips of the calico from it which I hastily basted onto a large square of old sheeting and rushed out to the waiting automobile and with the help of another nurse tied it to the machine in as conspicuous a place as possible. These Red Cross symbols of ministry that we hung to the vehicles and bore on our arms were not the only suggestions at that hour of the battle-field; the wounded lying on the ground, and the soldiers that guarded our camp, also helped to bring it to our minds. Up and down through the long, long hours of the nights the sentries slowly paced around the borders of our camp. Through the trees we could see the figures of these guardians of our hospital and catch an occasional gleam from their bayonets and hear the call, "All's well; one o'clock!" passed from one to the other. It was a great comfort to feel this protecting arm of Uncle Sam thrown around us those nights so full of not only real but imaginary terrors. One of my imagined terrors was the wild beasts from the Chutes—tigers, lions, wild cats, elephants, and all of the rest of the "wild animals that I have known," being set loose by the earthquake's work and coming down to devour us after their long fast. I also pictured a famine, as many others did, and remembered choking down a piece of bread that I did not want as it seemed a sin to throw it away with starvation so near. The cry of children's voices made me glance down the street one day, and around a wagon loaded with bread crowded a company of children who in their childish voices with their arms uplifted cried out oh! so plaintively and shrilly, "Bread! Bread! Bread!" Hugo's "*Les Misérables*" and its tragic scenes came to my mind, but that was only a story and here its drama was being played before my very eyes. Was it only a week I spent in the camp? I asked my friend when I went to her home in Oakland to be cared for after what seemed a lifetime of experience. She assured me that it was only seven days, of twenty-four hours each; but I knew that she was wrong, for every minute was an hour, and every hour a day, and a conversation that I overheard in the camp showed me that other people were as confused about the time as I was. Two men were discussing the day of the week, and both seemed satisfied with the solemn declaration of one that "Tomorrow was yesterday and yesterday is to-day."

A WAITER in a certain hotel in Boston was asked every morning by one of the guests: "Well, William, which way is the wind blowing this morning?" "Deed, ma'am, I do'no. When I leaves my room in de' mawnin' I loses my cicumfrance."

THE NURSING OF DIPHTHERIA

By KATE MATHIESON

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THE first step in the nursing of diphtheria is naturally that of securing isolation. This subject has been so ably presented by Miss Dick in the May number of the JOURNAL that it would be mere repetition to go over the ground again. I can only refer the reader to the paper in question.

With regard to general hygienic measures, it goes without saying that the patient's room should be as bright and sunny as possible and provided with adequate means for ventilation. The regulation of heat should be such as to insure maintenance of a temperature of 68° F. The bodily care of the patient cannot be too carefully considered; also the care of the patient's bed, linen, and room. A liberal supply of disinfectants should always be on hand.

The administration of diphtheria antitoxin ranks first in the treatment of this disease, and it is an admitted fact that it should be administered at an early stage. In preparing the patient, the area for injection should be well washed with warm water and soap, followed by an antiseptic solution. A sterilized syringe and needle are generally provided by antitoxin manufacturers. The needle is inserted in the same manner as a hypodermic needle but more deeply, and the serum injected slowly; the puncture is then sealed with collodion.

Local Treatment.—The throat requires careful attention, and this is most efficiently effected by spraying. Various solutions may be ordered for this purpose. Arrange the bed where the best light is available, adjust the pillows so that the patient will not be required to move his head, place a piece of cotton, about a yard square, underneath his chin, securing it around the neck in order to protect the bed linen, turn his head slightly to one side, placing a pus basin underneath the chin so that the solution may flow into it. Always be absolutely certain that you are spraying the site of membrane. If the membrane appears loose do not attempt to remove it, as it will leave a bleeding surface and the abraded mucous membrane may afford a nidus for reinfection. If spraying produces nausea, as is often the case, swabbing may be resorted to. A swab may be conveniently made by firmly twisting some absorbent cotton around the end of a stick about the size of a lead pencil. The tongue may be depressed by a spoon handle, if a tongue depressor is not available, the swab saturated in the antiseptic

solution and applied to the membrane. In treating the throat the utmost gentleness should be exercised. In severe cases treatment may be ordered every half hour. In this, as in other modes of treatment, the object should be that of avoiding unnecessary effort and saving the patient's strength from the start.

The same care should be exercised in spraying or irrigating the nose; the tendency to hæmorrhage should be constantly borne in mind, also the connection between the nose and ear, and the danger of affecting the aural passages. If hæmorrhage should occur and cannot be checked by cold applications, an astringent solution, often composed of iron and glycerine, or adrenalin chloride, 1-2000, is applied by packing the nares with small pledgets of absorbent cotton saturated with the astringent. These pledgets may be removed with care in about six hours' time.

The mouth, tongue, teeth and lips demand careful attention. A mixture of borax, listerine, and glycerine may be used as a mouth-wash, and a soothing ointment, as zinc oxide, suffices for the lips. Pieces of old soft cotton cloth may be used for handkerchiefs, which must afterwards be burnt. By having regard to these minor matters a nurse can do a great deal to alleviate the discomfort of the patient, particularly in those cases which are marked by purulent discharges, and obstruction of the respiratory passages.

In laryngeal diphtheria, many physicians order steam inhalations, and calomel fumigations, and it may be well to give detailed instructions of carrying these out. A tent may be extemporized by taking two flour-barrel hoops and using of each as much as will be sufficient to make two arches of thirty-three inches' span, and twelve or fourteen inches high. These arches are connected by laths two feet long,—those at the base being about an inch thick, and nailed on the inside of the hoops, while the others, five in number, may be nailed on the outside. Place this skeleton frame over the cot at the patient's head, and cover it with a large sheet, thus providing a little tent. A croup kettle, which may be purchased ready made, can be employed for generating the steam, but the apparatus may be substituted by an ordinary tea-kettle, to the spout of which has been fixed a tube terminating in a funnel. A gas stove, or other heating appliance supports the kettle while the funnel is inserted under the side of the tent cover. An opening should be left near the patient's head for the access of air and the egress of steam. An ounce and a-half of the compound tincture of benzoin is added to a gallon of water, which must be renewed every four hours. The volatilization of this tincture with the steam affords a moist warm atmosphere containing

benzoic and cinnamic acid, which have usually a very beneficial effect in dissolving the membrane and in relieving the stenosis. Great care must be exercised in affording the patient sufficient air, and not raising the temperature too high, and of course in seeing that no accident occurs with the heating apparatus. The inhalation is continued until relief is obtained.

The apparatus for the volatilization of the calomel may consist of a little cylindrical cage, about eight inches high and wide, the top and bottom being made of galvanized tin, connected by a strong wire net, with an opening at the side. The croup kettle is taken away and the frame is placed at the foot of the cot, covered with a sheet forming a tent as before. An opening is left for access of air and the cage is suspended by a hook from the inside of the frame. An ordinary portable gauze spirit lamp, containing methylated spirits, is put inside the cage, placing a small tin containing the calomel (fifteen grains the usual amount) over it. In ordinary cases relief is afforded within twenty-four hours by the use of fumigations every hour, but the treatment may be continued longer. If salivation or diarrhoea supervene, the fumigations must be stopped. The nurse must be in constant attendance to watch the result of the treatment and to guard against accident. Should the foregoing fail in relieving the difficulty of breathing, intubation should be resorted to without delay. But as this is the special province of the physician, his particular directions must be followed.

If poultices are ordered for the relief of enlarged glands they should be made light, and kept hot by covering the poultice with a pad made of two layers of cotton batting, cut the required width, and placed between two folds of cheese cloth, which may be kept in place by a four-tailed bandage. The bandage and pad should always be kept fresh, and the surface where the poultice is applied must be frequently bathed.

The bowels must be kept regular, if necessary by the use of calomel, followed by a saline. The condition of the kidneys should be watched as indicated by the physical characteristics of the urine. This secretion should be tested daily for albumin. If albumin is present the patient should be well purged and the skin kept active.

One of the most important points, to be kept continually in mind, in the nursing of this disease, is the action of the diphtheria toxins on the heart. The most frequent deaths in diphtheria are due to heart failure; even the mildest cases may suddenly develop serious cardiac symptoms; the disease throughout should be regarded as eminently treacherous. Keep the patient in the recumbent position, even when everything points towards convalescence. A slow, weak, soft, or irregu-

lar pulse is a sufficient cause for notifying the physician at once, as are also vomiting and pain in the stomach. This may come in during the second or third week. In such cases medicines by mouth should be discontinued, a counter-irritant may be placed over the pit of the stomach. Heart stimulants, as brandy, strychnine, and digitalin, may be given by hypodermic injection. Elevate the foot of the bed so as to influence gravitation in aid of circulation. The extremities must not be allowed to become cold, the first manifestation of this kind being counteracted by the prompt application of heat. Nourishment should be given by nutritive enemata, as the stomach is not in a condition to absorb, and thus the patient's strength is saved. A good rubbing with olive oil, after the morning bath, has a nutritive effect, and is of value, particularly when the patient is emaciated and the skin dry and harsh.

Paralysis may occur early in the disease, or it may come on during convalescence or later,—paralysis of the soft palate, which gives a nasal character to the voice, and also causes a regurgitation of fluids through the nose. Nutritious diet and absolute rest will do a great deal to remedy this condition. In muscular paralysis, strychnine and massage are of service.

Diet.—During the acute stage when there is difficulty in swallowing, all food must be given in fluid form. Milk, egg-nog, beef essence, nutritious broths, should be given in small quantities and at regular intervals. Encourage the patient to drink plenty of water. Always rinse or wash the mouth after milk or egg-nog are taken, as both these are favorable culture media for bacteria. Where there is paralysis of the muscles of deglutition, food may be given in the form of milk jellies, beef jellies, junkets, custards, gruel, etc., as semi-solids are more easily swallowed than liquids.

If albumin is found in the urine, the diet should consist chiefly of milk.

The nurse will readily learn the form of diet that is most agreeable to the patient and should not urge him to take anything he dislikes; many patients cannot take milk, but will enjoy milk jelly with fruit flavoring, or cocoa. Nourishment should be served in as attractive a form as possible, and the importance of diet should always be borne in mind, particularly during the acute stage or in cases marked by great exhaustion and depression. With convalescence the appetite usually returns and in the absence of complications the diet need not be restricted.

When the patient is found bacteriologically free from diphtheria infection, he must be given a soap-and-water bath, the hair washed,

and succeeding this a bath of bichloride of mercury, 1-5000, and fresh clothing put on, that has not been in the sick-room or in contact with infection, before he may mingle with the public. The room and all infected articles are then thoroughly disinfected.

THE NURSE FROM A PATIENT'S POINT OF VIEW

By E. F. H.

THE faculty of warning, comforting and commanding, which Wordsworth ascribed to his Perfect Woman, I believe we ex-patients or patients-to-be like to feel our nurses possessed of, without, perhaps, acknowledging in our well moments that we do. All of us who have been ill and shut in by our own four walls, for weeks, lose for the time being our power to make the best use of that sixth sense (common sense), lose too some self-control, and our point of view does not extend much beyond the thing we want and, like the bad boy of the soap advertisement, we won't be happy till we get it. At this juncture, when we know we are behaving like children, it's really comforting to have the presiding genius of the room, disguised in cool, quiet stripes, come to the bedside and stand looking down with kindly eyes, smiling at our vagaries, a pleasant mouth saying *No*, with just a little shake of the head emphasizing it, and we succumb to the inevitable, usually very gracefully.

It's that innate respect for authority in the hands of those amply fitted to wield it, by special preparation for the work they are engaged in, that makes us acquiesce in their view, no matter where in life we may meet them.

Now what characteristics in a nurse make us respect her authority? Just the same, we might say, that impel our admiration and respect for any one we meet. Yes, but a nurse is a member of a profession, the most splendid a woman can enter, one that should be governed by the highest ideals, and so, perhaps, it is just as well to define at least some of these characteristics.

As a prerequisite, the best of technical training, devotion to her work, pride in it, sincerity, large-mindedness, great sympathy with suffering, which is deepened and broadened by experience rather than dulled by it, and a spirit of cheerfulness and helpfulness which is brought to bear on the smallest household worry and isn't limited to the immediate needs of the patient—from alcohol rubs to rubbing the cook

the right way; it's that spirit of "helping out" which is sometimes more beneficial to the patient than medicine or the most expert training.

Then the mere physical side of things affects to a great degree a patient's pleasure and comfort, and right here let me make a plea for the uniform in its entirety, cap, collar, cuffs, and all! It is so restful, it is so business-like, its freshness and crispness are so soothing to the tired eyes of the patient.

A nurse's step and voice have much of comfort or distress in them. A soft yet firm tread gives the impression of strength and vitality, and a well-modulated voice is a blessing indeed to nerves all a-tangle. A daintily arranged tray clinches a fickle appetite, and an interest in the patient's little personal vanities, arranging wayward locks in the most becoming way, and a feeling for ribbons in nightgowns (I know they are a bore), all these little frivolities bring to the patient a zest for life that a diet of broth and toast for the time being may have dimmed. A sense of humor is most salutary, especially if it be reciprocal. A love of books and the ability to read entertainingly whiles away many a tedious hour.

In this, as in every other profession, a good education back of the training makes everything easier, and it's one of the things all of us Americans are heir to, if we'll only take it.

What I think our training-schools need to-day is not so much a higher standard of technical training (though that can never be too high), but a higher standard applied to the character of applicants, both as to their mental and moral development.

Solomon when he wrote his rhapsody on the Virtuous Woman, even if he didn't know it certainly had the ideal nurse in mind. She looketh well to the ways of her patient, and eateth not the bread of idleness. She openeth her mouth with wisdom and in her tongue is the law of kindness. Strength and honor are her clothing, and indeed she shall rejoice in time to come, for her patients rise up and call her blessed.

EPITAPH in an old English churchyard:

This is the grave of Susan Gray,
Who left this earth on a summer day.
She had two legs and a badish cough,
But it was her legs that carried her off.

HOURLY NURSING***By ELENA WEAVER****Graduate Hope Hospital, Fort Wayne, Indiana**

My first year's work ended last June, and I feel that it has been a successful one because of the steady growth of the new work in our city, there being about one-third increase during the last half of the year. Financially it was not so successful, but one should not expect a new work of this kind to be so at the beginning. I think one might make a complete failure in the work by having set rules about the charges. We must conform to the people we are caring for. I lump the bills often, making, for instance, a charge of five dollars for twelve visits, if I feel that is all the patient can afford. Physicians do this way and it seems to me the only way for an hourly nurse. I have received calls from all classes of people, the great majority being from those of moderate means. These people seem to be glad to know there is some one to call upon them, and during the last half of the year, about half of my calls came directly from the homes rather than from the physicians, from whom nearly all my calls came during the first six months.

It is important in this work to be centrally located, to be where your calls can receive the proper attention, and to know every physician personally. I have never put a professional card in the daily paper but I am sure it would have helped me at first. However, my professional feeling toward advertising would not allow it.

I always try to be ready when called, and think this one of the secrets of success in the work. You may have to wait for the physician, but never let him wait for you.

In starting the work, get the support of as many physicians as possible and especially of the general practitioner, for they treat the people that need you. I am in a city of about sixty thousand, where there are about fifty thriving practitioners, and my report of last year's work is as follows: I have visited one hundred and twenty patients, and made one thousand, three hundred, and seventy-six calls under twenty-nine different physicians. Of these patients, eighty-five were married women; twenty, unmarried women; six, married men; two, unmarried men; and seven, children. The diseases treated may be classified as follows: 25 neurotic, 14 rheumatic, 5 cerebro-spinal meningitis, 5 abdominal dressings, 3 miscarriages, 3 bowel complications, 2

* A second paper on this subject will be given in our next number.—Ed.

cancer, 2 retention of urine, 1 skin grafting, 1 rectal abscess, 1 asthma, 18 obstetric, 6 Bright's disease, 5 arthritis deformans, 4 operations, 3 diabetes, 2 jaundice, 2 pneumonia, 1 epilepsy, 1 thrombosis, 1 muscular atrophy, 1 bed sore, and about fourteen minor cases.

I can hardly tell what is done while visiting these people, as it is all according to the need, but I do feel that the experience has been very helpful and I hope to make a still better report another year.

THE DISPOSAL OF SPUTA

BY EDITH P. JONES

Late Nurse-in-Charge, Muskoka Cottage Sanatorium, Gravenhurst, Canada

THE handling of secretions from the respiratory organs must, necessarily be not only disagreeable, but dangerous, unless the most rigorous care be exercised. Wherever there is abnormal secretion, there is cause for thoroughness in its destruction.

The first important point to note is that sputum must never stand uncovered; the next, that it must never stand until even partly dried. Given, that these precautions are closely observed, the care of the sputum is simplified. For the use of persons who expectorate, though following the ordinary occupations of life, the safest receptacle for sputum is the nickel or glass pocket-flask. Patterns such as the Dettweiler or Knopf may be unobtrusively used by arranging a handkerchief and an elastic band as follows: Place the bottom of the flask in the centre of the handkerchief, gathering the folds around the neck of the flask, and securing with the band. A little practise will make it possible to *appear* to wipe the lips, while in reality expectorating into the flask. To clean, empty contents of flask down sewer, or mix with sawdust, and burn, rinse flask and wash outside with carbolic acid 1-20. Boil the handkerchief. Occasionally boil the flask in solution of soda carbonate first removing the rubber washers, which should be soaked in carbolic acid 1-20. Paper pocket-flasks are clean, convenient, and easily burned, but their greater ultimate cost is against their use.

The open cuspidor in the halls of public buildings, while a most useful article, is often a menace to people who frequent such places. Cuspidors having a spring cover should be provided, on a stand high enough for the average man to stoop over comfortably. This would lessen the danger of the expectorated matter alighting outside the cuspidor, and would also prevent flies and other insects from having

FIG. 1.



FIG. 2.

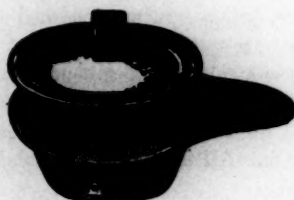


Metal flasks—Kny-Scheerer Co.

FIG. 3.



FIG. 4.



Paper flasks—Johnson & Johnson.

access to its dangerous contents. Flies may carry on their feet or wings sputum containing tubercle or other bacilli, and may alight on the meats or vegetables or other foods set out for display in the grocer's window. Or, they may ingest the sputum on the edge of an open cuspidor, and deposit the infected excreta in any place, where it soon becomes "dust."

For hospitals and sanatoria the well-known Seabury and Johnson cup, made of tin or aluminum, and holding a heavy paper lining, is most useful. In removing the inner cup, handle with a wisp of paper, wrap in two thicknesses of paper, tie with string, and place right side up in the bucket for soiled dressings, which are, of course, to be burned. Boil the outer cup or wash with carbolic acid 1-20.

For patients confined to bed the most desirable is the pressed paper cup with cover. The edge of the cup is sharp so that strands of saliva can be cut from the lip. The whole cup is burned. Small pieces of old cotton (preferable to linen), used once must be burned before dry, as also tissue paper handkerchiefs. An ordinary paper bag, used to collect such pieces, may be rolled *from* the bottom as it is filled, to prevent the contents being uncovered, each time the bag is opened. If moisture penetrates through the bag, burn at once.

Do NOT use any of the following: (1) *Open* cups containing a solution of bichloride of mercury or carbolic acid. They can be easily upset, and the contents will readily evaporate or decompose, specially in hot weather or in a dry climate. (2) *Open* cuspidors containing a like solution, on the floor by the bedside. The patient may not lean out of bed far enough to escape soiling bed or floor with sputum. For thick sputum the only sure method of destruction is by fire, as bichloride of mercury or carbolic acid tend simply to coagulate the mucus covering all sputum, thereby preventing any penetration of the disinfectant to the contained bacilli. The person who expectorates can learn to have the tenacious, yellow sputum loosened from sides of mouth before spitting. Also, he can spit carefully so that his flask is not soiled. To dissolve mucus use a solution of salt or soda carbonate. A small covered box of thin sheet-iron, made to hold a paper cup of sputum, can be laid in the fire, and the contents thoroughly destroyed if the box remain red-hot a short time. All instruments used for nose or throat treatments should be boiled.

Discharges from the nose and throat in cases of tuberculosis, post-nasal catarrh, bronchitis, influenza, pneumonia, meningitis and syphilis, must be regarded as highly infectious. Could all these discharges be properly cared for, the diseases which are caused by the organisms they contain would markedly lessen or even entirely disappear.

TRAINING FOR VISITING NURSING

By L. L. DOCK

VISITING nursing among the poor (long called "district nursing," from the former division of the ground covered into arbitrary sections called districts) is rapidly spreading in actual form, and even more rapidly gaining a place in the interests and purposes of nurses as well as of the general public. And yet we have, so far, not arrived at any systematic special training or preparation for this work.*

Many of our superintendents of training-schools are deeply interested in it; some from personal knowledge and others without that personal knowledge. A number of training-schools are trying to interest their pupils in it, some, by sending them out into practice and others by talks and lectures.

All this is good and encouraging, but I hope we are not going to stop long in the stage we are apparently in at present, of supposing that pupil nurses can be prepared for district nursing by a short service in their third year.

If there is any one branch of nursing which should be regarded as a specialty requiring careful postgraduate study and training, it is visiting nursing among the poor. The more I see and hear of a few weeks' experience of this work in the third year the more I am convinced that it is wrong in theory and unsatisfactory in practice, conducive only to a fresh superficiality, of which we have too much already.

I would be glad to present the different points that seem to me important, and hope that in doing so I shall not seem to be criticising persons, for what I wish to do is only to draw attention to conditions.

For the first consideration, how can we logically uphold a course of district nursing for pupil nurses if we oppose undergraduate private duty?

Visiting nursing is essentially private duty. The fact that the patient is poor has nothing to do with the question. There is a private home and family with all its intricacies, a private physician (or at least one not connected with the pupil's training), and private conditions. If it is not right from the standpoint of nursing preparedness to send an undergraduate nurse to the well-to-do it is not right to send her to the poor. The one exception that it seems to me may logically

* Since this article was written, the Training Home for district nurses has been opened in Boston.

be made to this point, is when a hospital sends its nurses to its own dispensary patients. This may be regarded as an extension of the hospital service and so as properly coming under the care of the training-school, although let it be noted, this form of hospital service may leave the nurse (so far as her special education goes) quite untaught in a vast field of socio-economic knowledge which she ought to have in order to be well equipped for effective district work. For there is often no one to instruct her on these lines. The physicians certainly do not, her superintendent usually cannot, and she can only form her own often-misleading conclusions. Besides, I think there is little doubt that in this extension of hospital work the care of the home, that important part of a district nurse's work, is often quite overlooked and the nurse becomes a satellite of the physician. I think this because I have seen pupil nurses run into their dispensary patients' homes and apply dressings, take temperatures, etc., and run out again, entirely oblivious to everything except the doctor's order. Now this is well enough as far as it goes, but it does not go far enough, from the patients' standpoint, to make that nurse a good visiting—or let us say a good private-duty nurse.

A superintendent not long ago told me a little tale which throws light on this point. She questioned the benefits of this visiting extension, and suggested abolishing it, whereon the medical chief said emphatically: "Impossible! These young men (the medical students) need a nurse at their beck and call day and night." Now this may be very nice for the students, but, truly and seriously it does not make a good nurse. I think if we follow up the reasons of superintendents for sending pupils to visiting duty, we shall find that they are in fact indictments of hospital conditions. The chief ones advanced are, that this experience broadens the nurse, makes her more sympathetic, teaches her to exercise her ingenuity, and to practice economy. It seems to me that all these are reasons, not for sending the pupil out of the hospital, but for improving conditions in the hospital.

If the pupil's character does not broaden and deepen in the hospital; if she can become unsympathetic there, then how trust her, often alone, in the poor little homes where there is so much to make allowances for? And as for practicing economy, the extravagance of our hospitals does not promise well for the care of the patient's few sheets and scant appliances.

The real question is, "What best fits the nurse to serve the patient?" The hospital is the place to train the nurse in nursing. If it teaches her extravagance, indifference to her patients as human beings, and does not broaden her character, it is not doing right by her.

Of course the ingenuity of getting along with little cannot well be taught in hospital, but it is certainly wrong if a woman is more helpless in emergencies after hospital training than she was before, and all that is part of what she must learn when she specializes.

Let the hospital rather try to give its pupils a thorough foundation in nursing and in neatness for their later special study of district nursing. Honestly, a woman is hardly fit for district nursing who does not know how to pile up dishes in an orderly way, who scratches matches on the walls, and does not wash out her bath tub.

I have read in recent articles on this subject references to English systems, yet the fact that England demands a special training for visiting nursing was quite overlooked in them.

No good English Matron would consider having her third-year nurses go through some scatterry, partially supervised training in district work. The nurse there must get her full training in nursing, first, and before she is appointed as a Queen's nurse she must take her six months' training in a District Home under a superintendent.

Visiting nursing among the poor is very different to-day from what it was fifty years ago, because the whole conception of poverty has become altered and the whole attitude of approach to social questions has been revolutionized. A visiting nurse in large cities who is not intelligent on civic and social movements may often do more harm than good, or may often fail to do as much good as she otherwise could do.

My whole argument is: "Do not let us fall into the old mistake of "cramming" the nurse in her training, by trying to crowd specialties into her hardly-won three years. Let the hospital training be developed to its fullest possibilities and let the specialties wait until the nurse has had her full grounding. Then, of course, some one must build District Homes for special training.

LONG-CASE NURSING

INTRODUCTION

It occasionally happens that a nurse who is sent to a patient fits her place so well, and is so needed by one and another of the family, that her stay lengthens into weeks, months, or years. Such long cases are surely desirable to the patient and family, for it is much pleasanter for all concerned to have one person on hand to whose ways they are accustomed than a series of perhaps equally good nurses. Are they

desirable for the nurse? Some of the nurses who have had such experience have been asked to give their views on this question, but most have refused, saying the disadvantages were obvious and they did not like to dwell on them.

Nurses who are occupied with short cases sometimes envy the "good luck" of those who are, perhaps, travelling with a patient, and fancy they are having a very easy, delightful time, but console themselves by thinking that *they* are keeping up with the times. This is rather a mistaken estimate all through. If the nurse is having a delightful time now, be sure she has earned it by days of faithful toil,—the case does not usually begin with travelling. Also, to travel with a patient is not all ease for any of those concerned. It is much more difficult to make a sick person comfortable in a hotel; in strange cities one cannot always purchase things necessary for comfort. I have known a nurse who read aloud all the four days of a trip to California, and some who cross the ocean are doomed to spend most of their time in a stuffy state-room, if the patient is unable to go on deck. As to keeping up with the times, any nurse who wishes to keep up will do so, for she will be continually thinking, studying, observing, reading, and learning, while any nurse who is unambitious may fall behind, though she be placed in the midst of advantages. The people who can afford to employ a nurse for months or years are not satisfied with less than the best, and it is only the exceptional woman who can fill such a position acceptably. Often she needs many other qualifications than the one of good nursing, for she may be called upon to act as housekeeper, shopper, secretary, chamberone, or hostess. Indeed, she is hardly ever idle. There are a thousand demands upon her, which she is happy to fulfill, but which keep her fully occupied. This leads us to the great disadvantage of such cases. The nurse is giving up for the time her individual life. The hospital nurse has scraps of days which are her own, to use as she pleases. The private-duty nurse, taking acute cases, has her occasional intervals at home, between cases, when she is free. The nurse on a long case is swallowed up in the interests of her patient and family. If these interests are uplifting, she may throw herself into them heartily, make them her own, and feel no loss. But even so, it would be better for her, and indirectly, for the patient she is with, if she could have a small portion of the day which belonged to her, to plan for as she pleased; or, if this were impossible, some one time in each week, absolutely her own. Often a nurse will have a good deal of time at her own disposal but it will fall to her irregularly and unexpectedly, and she cannot make the best use of it.

FIRST PAPER**By HARRIET HORNER, M.D.****Graduate Bellevue Training-School**

It is almost impossible for me to consider the subject of long-case nursing in an impersonal way. My own experience, covering a period of over fifteen years, with one patient, seems to color all my views, and now that five years have passed since I left that patient for new fields, my views are only intensified by the happy retrospect. It seems to me that the advantages, and they were many, were those which benefitted me personally as a woman, while the disadvantages were of a professional nature; what I gained as a woman I lost as a nurse. We are women first and then nurses, and to be a good nurse one cannot have a character too well rounded, or have too broad a culture; and I cannot help thinking that the daily companionship of an invalid, who, though so unfortunate as not to be an acute case, with all the interest that belongs to such cases, but who suffered patiently through long years of semi-invalidism, has done much toward making me a more useful, less selfish woman; that the many books I read to her, on varied subjects, books which, perhaps, I would not have chosen so wisely for my own reading, have given me a wider and more extensive knowledge of literature than I would otherwise have had; that our little journeys into the world, which she from time to time was able to take, have enabled me to see places and people which have broadened my whole outlook and views of life; and last, but not by any means least, are the advantages which cannot be overestimated, obtained from being admitted to the family life of a refined and cultivated woman, with wide interests and a large circle of friends and acquaintances. This was an education in itself, and if there were sacrifices, such as giving up my career as a successful nurse, they were more than compensated for by the rounding out of my individual life, and the broadening of my views. If the thought intrudes that I was not doing the good in the world that, in my early enthusiasm, I planned, I have but to recall the many ways in which I was enabled to labor for others, indirectly, perhaps, but successfully, by working with and for my patient in her many charitable undertakings. Many of them she could not have accomplished without the aid of a sympathetic coworker and assistant.

But, on the other hand, if all one's time and energies are given up in going from one acute case to another, one gains vastly in experience, one becomes an expert nurse, much praised and sought after by the

medical profession; and if this be one's ideal, the goal of one's highest ambition, this short case nursing has distinct advantages, and the reward is good in a purely professional way. Such a nurse has the consciousness of having done well what she has undertaken to do, she has been ready for action and alert to do her very best at all times, with all her powers trained for immediate and constant use. She is invaluable and her usefulness cannot be overestimated, nor valued too highly, and she can look back upon her years of active nursing as time well and conscientiously spent. But many nurses will, I think, acknowledge that somehow their horizon has narrowed, almost without their knowledge and consent, and at the end of their nursing career they find themselves worn out and perhaps no longer useful.

SECOND PAPER

By K. K.

Six months is as long as a nurse should stay on a medical case, for she gets so tired, there is such constant work, her head and digestion both give out. In nervous cases, if the nurse fits the case, there is great advantage to the patient in keeping the same nurse, and it is the duty of the latter to stay, if she is able to do so, and not subject the patient to change. If the patient is ordered to travel the change is also helpful to the nurse, and she is enabled by that means to keep the case indefinitely if needed.

There would seem to be an advantage financially to the nurse in long cases, where she loses no time in waiting, but this is offset by the requirements for different dressing, and unless the patient or her family are thoughtful for her extra expense, when she is placed where she must not wear her uniform, the nurse is out of pocket very much. It is a decided disadvantage in that respect.

As to falling behind professionally, each case is a new study and provides its own training. It lies with the nurse herself, whether she fall behind in her work. She has many opportunities, if she will seize them, for doing other nursing, as other members of the household than her patient are constantly needing care.

Disadvantages—what are they? Nothing should be a disadvantage to a nurse. When she begins to think of her disadvantages she is tired, and needs to consult her good doctor, who will understand better than any one else whether his nurse is worn out or not.

THIRD PAPER**By O. B.**

I FIND the objections I have in mind to long cases apply particularly to certain cases among the wealthy, where there is no personal feeling in regard to a nurse,—especially long summer cases, in the country, where I am isolated from my friends. Such a patient will send for me again and again, because she knows I will take good care of her and because I will fit into the household well, and I go because there will be a steady income for six months, which I need. I also know that I will be well taken care of; but there is no affection on either side. The social goings-on make it a little difficult, particularly about meals. I have to have mine when and where it is convenient. In a short case this does not happen, or not so often. And I do miss not seeing some of my own kind, whether at the *alumnae* meetings, or lunching down town, or in my own home, or in theirs, and I feel that I do not keep in touch with what is going on. Of course my *alumnae* journal and the nursing and medical journals supply a great deal, but it is not just the same. I dare say it is for one of greater mental calibre than I, but I have always been very dependent on my friends for inspiration in my work.

I am well, and live on "the fat of the land," but sometimes I wish it were not so "fat;" I occasionally yearn for some plebeian food.

**DOES THE AVERAGE TRAINING-SCHOOL PREPARE
ITS NURSES FOR PRIVATE DUTY****By A GRADUATE OF THE ILLINOIS TRAINING SCHOOL FOR NURSES**

A MODERN essayist says, "Knowledge comes of doing; never to act is never to know." If this be a truth, how can we know, except by doing, and how can we be prepared for any work by application to another, even though that other be allied by closest relation?

Is it not true of any calling? The vine-grower is a novice in the orange grove, no matter how thoroughly he may have mastered the technique of agriculture. The most brilliant professional graduate has years of drudgery in his special line before he grasps its management. The lawyer in the courtroom; the product of West Point on

the plains; the physician in the hospital; the mining engineer; the musical or dramatic artist, and a score of others in all lines of life who, in spite of years of scientific training, are unequal to the test where the practical application is demanded.

It is but just to our excellent schools of nursing that we acknowledge with gratitude, and that after ten years have ripened judgment, that unflinching effort is expended to give pupils the education that is needed to fit them for all departments of nursing; but how can we expect results that are found in no other line of instruction?

Can we hope to acquire one specialty by the practice of another, though both be branches of the same profession? Look fairly on two presentations.

When a young woman enters a nurses' training-school, whatever may have been her status before, now she is sunk into galling unimportance. The foot of the ladder is hers, and she advances up by the way of drudgery, always under supervision, studied and directed; her health guarded, her time planned in absolute regulation; hours of sleep prescribed, food wisely chosen; she is an object of conscientious care to her severest mentor and never while she is in it, is the protection, any more than the discipline, of her school relaxed. Her hardships are many, and often of a nature to chafe the high-spirited woman, but she learns to view all of this as her immediate associates do, as a common means to a desired end. While absorbing ethics of nursing she studies humanity from its heights and its depths, and her opportunities and training impart in a large measure tact and adjustment to the exigent, but beyond certain points, and with rare exceptions, all things adapt themselves to her, or to the system of which she is a part.

As the months of her training increase, so does her importance, and she begins to realize a distinct pleasantness in her position. Life is full of achievement, interest, and associations that are most agreeable. Acquisition compensates for the hardships of acquiring, and repressions of beginnings are forgotten on the height of her pedestal, up to which others look though she may be too sensible to look down. Whatever admonitions and warnings come to her at this time of possible rough sailing, once she is beyond the direction of those more experienced than herself, are stored away as indirect information, often to be recalled when the second presentation is realized.

A pupil-nurse may not enjoy a petted existence, but it is a sheltered one, and whatever inconveniences it may offer, she has

learned to fit herself to them. Very different does the outside world appear when the shield is removed and she stands alone against the unexplored. To her, naturally a creature of method and routine, the sharpest blow to consciousness is the total lack of system in the average household.

We may clear the way of all exceptions, exclude a score of possible occurrences that could impede her progress, and keeping to the line of average only, find that in her case, as in that of all the newly trained of other crafts, however complete her technical instruction she is but ill-prepared to apply it under the new conditions.

Households vary widely in temperament, cultivation, and methods of management; the public has standards of its own and is in a position to exact deference and exert opposition. To all these variations the new beginner must adapt and readapt herself, standing alone, unsupported by the consciousness that those around her bear as she is bearing. The responsibility of life is in her hands and on her soul; she is mentally strained by the anxiety of watchfulness and apprehension; physically worn by days of twenty-four hours each, lack of sleep, irregular or unsuitable food; personal care out of the question; and hardest of all is the spiritual attrition due to the constant need of readjustment and the knowledge that she is a target of unceasing interrogation and criticism.

The greatest disadvantage one can know is to be off one's own ground, and often years pass ere a nurse may feel that in each house entered she is not an alien. To be sure much depends upon herself. Some of the human race are slow to fit occasions; often these are the most conscientious, the most to be desired, but the over-scrupulous have always a hard time until they acquire self-confidence with self-effacement.

How unlike each other are these two departments of our profession, we who have experienced both know; each recalls perhaps her special difficulties at the beginning of her career. All we think—will own to at least a few. The pity is that our experience is of little avail to help those who come after us. As we learned, they must learn; as all of us learn to live, not by what others tell us of life but by what individual experience impresses upon us.

That there be no misunderstanding, let it be set down, that this paper in enumerating a nurse's difficulties, offers no criticism to a public usually generous, appreciative and grateful. Whatever the cost to the nurse, she owes all she gives to those who furnish her with means of living. Neither do we offer a suggestion for better-

ment of training-schools; our argument admits no room for changing conditions, unless we can introduce within our hospitals the erratic and uncertain system of household management, a state of affairs neither practicable nor desirable.

If training-schools placed their pupils for the entire period of service in the sick-rooms of private houses, could they be so trained for ward nurses? Surely not without a special course. Reverse the situation and it has much the same disadvantage. The training-school gives the nurse her entry into the field of private nursing, but she must learn to use her knowledge by practical test, and grow in a new soil the seed garnered in other harvests.

ARTISTIC NURSING

By MARY F. SEWALL

Graduate of Massachusetts General Hospital

IN the March number of *THE NURSING JOURNAL* I observe with interest certain questions from a correspondent signing herself "Yearling" in regard to the custom of older nurses in the matter of performing slight services of a character which cannot be strictly called nursing, such as the washing of diapers and taking the baby out in its carriage.

As the years go by any person actively employed in a definite work, such as nursing, will find that many of the ideas with which she started out are really delusions. Certain truths, gradually brought together and formulated from the results of many experiences, she will in time acquire, which will form the foundation of her working methods. One delusion which commonly afflicts beginners is that there is some intrinsic grandeur and nobility about nursing distinguishing it from other kinds of work; it is a popular one, with good historic background. We often hear the remark: "What a noble work yours is, sacrificing yourself to make others comfortable." But we know that we are not working for charity, but following an agreeable and lucrative employment. A second delusion might be called the "professional idea." This is founded on the fact that the technical training and superior education which is now expected of nurses has raised the work to the dignity of a profession. Many graduates seem to think that upholding this professional dignity is an end in itself.

The truth of the matter is that no work is in itself ennobling or

degrading; it takes its character entirely from the spirit and purpose of the worker. The nurse who goes at her work in the right spirit need not be troubled about doing things because they are not "professional" or "customary;" she will rather decide in her own mind whether doing the thing will further the purpose she has in view, the comfort and welfare of her patient, and if convinced that it will she will go ahead and do it whether it be washing diapers, washing windows or washing faces. In each case the act is performed with the distinct and definite purpose of removing from the patient's mind some worry or anxiety which was adding to her discomfort and which it was just as surely the nurse's duty to remove as it was to brush the crumbs out of the bed or straighten the wrinkles in the under sheet.

I remember once hearing a nurse tell of the spirited way in which she answered a householder who was trying to give her directions for regulating the drafts of the furnace. "I told him," she said, tossing her head at the thought of the terrible insult, "that it was no part of a trained nurse's work to run furnaces and I prided myself on not knowing how and did not wish to be shown by him." Yet what had she gained by her behavior in this matter? If the patient knew of it she was probably made unhappy at the thought of her husband's annoyance and also she would worry lest the house should grow cold during his absence and the children suffer in consequence, and the nurse herself in her own heart must have felt that she had been disagreeable and unaccommodating; as for the husband, he is probably added to the already long list of people who consider that the trained nurse is at best a necessary evil to be borne with philosophically as being only temporary.

I like to think that nursing is a kind of work particularly well adapted to bringing out what one might call artistic ability in the worker, because each case can be made to stand by itself as a separate piece of work—an artistic production, if the worker has the skill to make it so. She goes to her case with the definite object in view of making the patient comfortable and alleviating as far as lies in her power the unpleasant conditions incidental to sickness. She is armed with technical knowledge and has intelligence to direct her in the use of this knowledge so that she may apply it to the best advantage. She is mindful of all the little details which can help to bring about the result she is aiming at and will neglect nothing which will in any way, directly or indirectly, assist in accomplishing her purpose.

To show more exactly my meaning, I should like to describe a few imaginary cases. A nurse is called to an obstetrical case. The family

is small, consisting of a father and mother, and a child under two, besides the new baby. One general servant is kept. The mother when talking things over with the nurse during her preliminary call, will speak of the competence of Jane, a really valuable servant whom she hopes to be able to keep. She will also speak of little Alice, who is always good with Jane, though she had hoped that her mother could have been with her to look after things generally. Here the nurse will observe at once that the mother is worried about this older child and also not quite sure how Jane will behave, and she makes a mental note of the circumstances. After the confinement it develops that an extra laundress has been engaged to come once a week, but no special provision has been made for the washing of diapers. The nurse at once perceives that Jane, with the additional burden of the care of little Alice on her shoulders, is a person to be delicately handled and she will quietly and unostentatiously wash the diapers and flannels herself. She will also probably find that she has many spare minutes that she can devote to the "big baby," which little person is often quite forlorn under Jane's supervision and apt to miss her mother. The doing of these things will come about in a perfectly natural manner, and the nurse will notice that the effect on the patient is fully as beneficial as that of the baths and other treatment administered.

In another family there are several older children and a nurse-maid is kept, besides a cook and a laundress. Here the nurse will probably not wash the diapers, because she will see that there is another person in the house under whose department that sort of work will naturally fall, and she will above all things try to make her own work fit into the ways of the household. The mother may perhaps want the baby taken out for airings, the weather being warm. The nurse will probably express no unwillingness to do this, but will suggest as a method better suited to the age of the infant that he take his airing in his cot on the corner of the porch. In both cases the aim of the nurse is to secure her patient's comfort by herself working into the family routine and increasing, rather than interfering with, the harmonious effect. To do this successfully certainly calls for intelligence of a high order, a real artistic ability, which is only a fine perception of the fitness of things, and inclination to act accordingly.

There is a fragment of a story, read many years ago in a magazine, which has always staid in my mind as the best description I have ever read of good nursing, and I have often used it as a standard by which to test the quality of my own work. Perhaps it will not come in inappropriately here. The story begins with a mother lying in bed,

her new-born baby by her side. The room is hot and close, and filled with buzzing flies, the table is littered with unwashed dishes and miscellaneous articles, garments are strewn about on chairs and floor, left where they were dropped by heedless persons; the mother's eyes are shut tight to keep out the sight of the disorder she is unable to correct; then in comes the nurse escorted by half a dozen eager, noisy children, all scrambling to be the first to show her the wonderful new baby. She is large and calm, neatly dressed, with a low, quiet voice. In an indescribable way she gets the children out of the room, setting tasks for the older ones in the kitchen and elsewhere, suggesting a game for the younger ones to be played in the back yard; then she goes to work without hurry or fuss, putting her hands as it were by instinct on the things she wants to use, and in a short time the mother is bathed and made comfortable, the baby attended to and the room reduced to a state of order. "You are like a cool breeze from the mountains, Miss Smith," says the mother, "I am sure this room is forty degrees cooler than it was half an hour ago, and I feel like a different person already." Then, as the nurse leans over her, bathing her forehead with a cooling lotion, she whispers in a pleading voice, "There is a piece of beefsteak in the kitchen cupboard; do you suppose Lizzie could cook it for Alfred's dinner?" "Now, honey," says the nurse, "don't you worry about Alfred; we'll see that he doesn't starve," and presently she slips out of the room and in a few minutes the mother smells the broiling beefsteak. Soon the front door opens and shuts with a bang and her nerves stiffen in expectation of the hot, hungry husband bursting into her quiet room, but again the soft voice is heard in the hall, and a low laugh, and the heavy, creak-boots go by her door with elaborate attempts at stillness and a chair is drawn scrapingly up to the kitchen table, on which she sees in her mind's eye the tempting beefsteak and steaming coffee. Presently the husband, fed and comforted, puts his head in at her door with a smile and a few cheery words before going back to his work. The children have now gathered in the kitchen and the kettle of rice, done to a turn, dry and flaky, is turned out into a bowl under their eager inspection and Miss Smith sits down with them to a dinner of rice and milk, a bowl of which is shortly carried in to the invalid.

Dinner over, the two older girls wash the dishes and clear up the kitchen and the younger ones go back to their play in the yard. The baby is now awake and requiring attention and Miss Smith attends to his wants and tucks him up again in a gentle, masterful way which somehow conveys the impression to his undeveloped consciousness that things are all right, and wrinkling up his face in a funny way that little

babies have, he is off to sleep again. Now the nurse is looking about for something she doesn't seem to find. Oh, there it is, thrust under the table by the mother's trembling hand, when necessity compelled her at the last moment to drop her needle and go to bed. Miss Smith pulls out the large basket heaped with garments in various states of disrepair and with a contented smile seats herself in the low rocking-chair by the table and threads her needle. The mother watches her through half closed eyes, too weary to talk, yet with a feeling of comfort and well-being creeping over her as she observes the pile of neatly-folded and mended garments steadily increasing on the table while the chaotic heap in the basket steadily diminishes. It is as if some terrible incubus which has been weighing on her had been lifted. She turns over with a happy sigh and drops asleep.

Of course this is a very simple description of a nurse in a working man's family, but the principle is one which can well be applied to any and every case. In the homes of the rich, life is often exceedingly complicated and it is correspondingly difficult for the nurse to discover just what to do to bring about the environment which she feels will be most beneficial to her patient, but even in these cases much can be done by careful study and conscientious effort. Each case must be studied and managed entirely on its own merits and without reference to things done at other cases. After it is over there is nothing more helpful to a nurse than to carefully review in her own mind the case as a whole, and she will find that she is measuring and estimating the value of her work by the standard she has set herself for what I have called artistic nursing. She will not only congratulate herself on the fact that the patient has come safely through a severe sickness or a difficult confinement, greatly aided by her skill, but also she will say to herself, "This has been a good case, because somehow I managed to find so many ways in which to add to the comfort of the patient and the family, and when I came away they remarked that the event which they always dreaded as a time of calamity and general discomfort had turned out to be on the whole a rather agreeable episode." This is the very highest praise which a nurse can receive from a patient.

IN moving into the summer cottage something went wrong with the water supply, and in consequence every one wanted a drink of water. As with the invalid tea or coffee was out of the question, Rose, the colored cook, was told to bring a glass of milk. "Goway, honey; milk hain't a drink; hit's jus' a beverage."

IN CASE OF DEATH

BY A. B.

To the young graduate who is just starting out to do private duty, these suggestions may be of value.

When a nurse is asked to remain after the death of her patient and is requested to do everything that is necessary, the first thing she must think of is the mouth, especially if artificial teeth were worn. Replace these as soon as possible, and hold the jaws until they are set. This may take an hour or more, but it is the best thing to do to make the mouth look most natural. Next bathe the body, put on a diaper and clean gown, do up the hair as worn during the patient's lifetime, if possible, change the bedclothing, air the room, and put it in perfect order. Do all this as quietly as possible.

When the undertaker arrives, he will be glad of your assistance. He will tell you when to dress the body. If the weather is cool he may finish the embalming at once, and you can then complete preparations for burial the same day, dressing the patient as the family desires. If you cannot do this until the next morning the body will be rigid and it will be more difficult to put on the garments, but as there is no hurry you will have patience, for on no account must a garment be torn. Be as gentle and conscientious in the care of the dead as you would be were the patient still alive and conscious of every touch.

Often the nurse is asked to stay until after the funeral; she will then help in the arrangement of it, and afterward help to put the house in order, everything in its usual place, removing as much as possible the signs of the presence of death.

What a comfort and help the nurse can be to the family at such a time! It is surely a privilege to be asked to perform the last duties this side of the grave and to have inspired the confidence of the bereft family.



PRACTICAL SUGGESTIONS



DRY mustard rubbed on the hands removes the odor of pus and feces.

E. C.

A SMALL rubber powder-blower, such as is used by ear specialists, is convenient to use in giving enemata to infants.

E. C.

HALF an egg beaten up with a glass of malted milk improves the flavor and adds to it nutritious value. Cocoa and chocolate are also pleasant additions to malted milk.

E. C.

I HAVE just been reading the article on Special Feeding in the September JOURNAL. I notice it says that cardiac patients are allowed weak tea and coffee. At Nauheim they cut out coffee altogether unless the patient makes a fuss about it.

M. D. B.

IF possible to move a patient from a double bed to a single or three-quarter one of enamelled iron, do it as soon as you have established yourself. A little tact will convince all concerned of the greater comfort for the patient, and you will not be opposed. If possible, put a hard mattress under the one on which the patient lies.

M. R. H.

LAST winter I had a case on the second floor of a house with a basement kitchen. The diet was liquid, every two hours, usually served cold in very small quantities. To avoid travelling over two flights of stairs, I used a tin cracker box, long and narrow, fitting nicely on the window ledge, against the double window, for an ice box, usually filling it night and morning. I kept glass jars (pint)

with screw tops, filled with the two or three liquids in use. This was in the sitting-room opening off the sick room. A clean white towel was laid over all, and no one suspected my supply closet.

M. R. H.

QUESTIONS AND ANSWERS

A HOSPITAL superintendent writes: "The one thing that troubles me in connection with nurses in private duty is, How shall we arrange for the hospital when graduate nurses are on special duty there? Shall hospitals charge a board fee when a graduate is employed? If so, who will pay it? Often a patient is willing to use a student at fifteen dollars a week instead of a graduate at twenty-five. If at a hotel, the patient would have to pay the board and the salary. Yet in a hospital the nurse gets professional relief, all the sterilizing of supplies is done for her, dressings made, etc., then should she be willing to pay her own board? What is the arrangement usually made? I have tried not to antagonize the private nurses in any way, yet it is discouraging they require so much waiting upon, want to see all operations that are unusual, and many of them upset the floor they are on dreadfully."



TREATMENT OF INGROWING NAIL.—The *Medical Record*, in an abstract from *Journal de Médecine de Paris*, says: "Drucbert, in his hints on the prophylactic treatment of this affection, states that thick and very convex nails have a natural tendency to penetrate the flesh. Flat, small nails covering large fleshy toes, when the tissues are not very resistant, are apt to be overgrown by the skin. He advises saline baths, as well as alum and tannin, for tender tissues. The greatest care in the toilet of the feet should be taken in cases showing a predisposition to ingrowing nail. Inflammation should be carefully watched for and kept in check. Curative treatment depends upon the degree of inflammation. Long walks and standing on the feet should be avoided. The application of antiseptics, such as sublimate, which will reduce the inflammation and prevent further trouble, is indicated. Dressings repeated several times daily will help to keep the trouble in check. A bit of dressing covered with vaselin may be gently forced under the nail. In more severe cases radical treatment is in order."

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



EYESTRAIN AND CRIME.—At the annual meeting of the American Academy of Ophthalmology and Otolaryngology, Dr. George M. Case, Elmira, N. Y., urged the necessity of the examination of the eyes of inmates of penal institutions and especially of reformatories and schools for incorrigibles. He stated that a large percentage of the young criminals of New York have strikingly high ocular defects. He considered eyestrain as a contributing factor in truancy in school, disinclination to work and inebriety. He believed that routine examination of the eyes of school children would do much toward the prevention of criminal tendencies and would elevate the standard of civilization, and considered that state appropriations should be made for this purpose. The managers and superintendents of institutions should be informed as to the baneful results of eyestrain in the production of crime.

TYPHOID INFECTION CONVEYED BY A CONVALESCENT INFANT.—Dr. Thomas S. Southworth, New York, read this paper at a meeting of the American Pediatric Society. He reported two house epidemics in two different cities, the connecting link being a child of a few months, convalescing from typhoid fever. During convalescence entered a house where there had been no typhoid, and in two weeks after arrival two other children were attacked with typhoid and later a third. He deprecated the habit of allowing convalescing patients to go around without any instructions as to care of discharges; this was especially applicable to children. He thought these reports threw some light upon what were often regarded as sporadic cases. The infection was conveyed by the bacteria still in the urine or stools.

Dr. D. L. Edsall, Philadelphia, had failed to find in a careful inquiry in a large number of cases that the majority of doctors gave their patients any instructions at all, even during the course of the disease, that bear upon contact infection. In having a careful examination made into the records in over 200 cases at the Episcopal Hospital he had found that contact infection was indicated in 17 per cent. of the cases; there was a suggestion of it in 25 per cent.

HABITUAL CONSTIPATION.—Dr. C. F. Spivak, in an interesting paper published in the *Medical Record*, controverts many established ideas on this subject. He says: "Humanity is undergoing profound changes in regard to dietetics. We may consider the last century as a transition period. At no time in the past have the civilized nations consumed so much meat, eggs, milk, and especially sugar as during the last century, and the use of the latter article is growing from year to year. The number of predigested, prepared, dextrinized foods is increasing daily. The high efficiency of the dental art and the greater stress laid upon the proper mastication of food, all these factors produce certain changes in the human organism, which manifest themselves by a reduced quantity of the fecal matter and less frequent need for emptying the bowels. The tendency of civilized life in general and of modern dietetics in particular is toward the production of lesser quantities of fecal matter and less frequent intervals of evacuation."

POSTOPERATIVE RETENTION OF URINE, says the *University of Pennsylvania Medical Bulletin*, is treated as follows by Anspach: If retention of urine is persistent the recommendation of Baisch is adopted, viz., a catheter is inserted into the distended bladder, and as soon as the urine begins to flow the catheter is compressed and 20 c.c. of a 25 per cent. solution of boroglyceride is injected into the bladder. The catheter is then withdrawn. Urine is usually voided spontaneously after this procedure, and in very many cases no further difficulty is experienced.

THE MICROBE OF WHOOPING COUGH.—The correspondent of the *Sun* in Antwerp says that Dr. Gengou, of the Belgian Royal Medical College, reports the discovery of the whooping-cough microbe. It is said to resemble Pfeiffer's influenza bacillus.

INSOMNIA.—Dr. Norman Bridge, in a thoughtful article in the *Journal of the American Medical Association*, says that people give themselves too much concern about not sleeping and keep themselves awake by their very anxiety to sleep. Rest in bed in a horizontal position is necessary for the body, and this is the important point. Sleep is much less important and a sufficient quantity will be obtained if the mind is kept quiet and not in a constant state of anxiety and worry over the hours spent in wakefulness. To obviate noises that disturb,

he recommends the insertion of a plug of paraffine wax in the ears. Warm feet, fresh air and a good bed induce sleep.

DEFINITION OF HYSTERIA.—The Journal of the American Medical Association, quoting from *Berliner Klinische Wochenschrift*, says: "Kronthal argues that hysteria cannot be regarded as a nervous affection. It is the varying morbid reaction of the cells constituting the individual. Treatment should aim to influence the morbidly reacting cells by changing the environment and by strengthening the cells—the benefit from which has long been established empirically."

STOMACH OF THE INFANT.—The *New York Medical Journal*, in a synopsis of a paper in *La Presse Médicale*, says: "Leven and Barret describe the stomach of the infant as quite different from that of the adult in several particulars. Its position is transverse with its greater curvature practically horizontal and forming its lower border, while that of the adult is rather vertical with its greater curvature forming its left border. The lower limit of the infant's stomach is formed by a portion of its greater curvature, that of the adult by the region of the pylorus. The stomach of the adult adapts itself normally to the dimensions and volume of its contents, while the condition of that of the infant rather resembles that characteristic of dilatation in the adult. The contractions made by the stomach to evacuate its contents into the pylorus in the infant are of different characters from those which take place in the adult. The time required by the stomach of the infant to dispose of from 80 to 175 c.c. of milk varies from one and three-quarters to two hours."

AN UNEXPLAINED FEBRILE AFFECTION WITH THE HIGHEST TEMPERATURE REPORTED TO DATE.—The *Interstate Medical Journal* has the following item quoted from a German contemporary: "The remarkable case reported by Heller was one of fracture of one rib, concussion and probable infection of the cord. The highest temperature (taken with 7 thermometers) registered 49.9° C. (122° F.) axillæ. It remained at 45°–47° C. for seven days and was not below 42.2° (108° F.) for seven weeks. During the entire time the patient did not experience any other symptoms. The pulse was never over 120 and complete recovery was the ultimate result."

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE CUBAN TRAINING SCHOOLS

MISS O'DONNELL, who has lately come from Cuba to study visiting nursing work in the Nurses' Settlement of New York, gives pleasant and commendatory accounts of nursing progress in the beautiful but troubled island.

There are now Cuban nurses holding positions as superintendents, with ability and distinction. At the Matanzas Hospital there is Miss Seigley, and at Cienfuegos Miss Cantara.

Miss O'Donnell's sister, Miss Mary O'Donnell, is still in charge of the training-school at the Mercedes Hospital, which was the first school for nurses opened in Cuba. She is also the inspector, under the Education Department, of the other Cuban schools, a position formerly held by Mrs. Quintard during her stay there.

As the Mercedes is the University hospital, all the other schools send their nurses there for the last three months of training (the course being three years), and they all pass their examinations there. It is thought possible eventually the Mercedes may evolve as the one central training-school, from which the others will receive certificated nurses for permanent positions, and some pupils.

A course of preparatory training is also being talked of, but is likely to be delayed by the present unrest. Three other American superintendents are still in charge of Cuban hospital schools—Miss Byers at Santiago de Cuba, Miss Walker at No. One, Havana, and Miss Pierson at the General Hospital, Camaguëy. Would it not be a happy idea to invite all these Cuban superintendents to join our superintendents' society? Or at least to affiliate with it? It seems a pity for them to be so near and yet so far.

Miss O'Donnell speaks highly of the skill, tender-heartedness, and sympathy of the Cuban nurses. It seems that many of them marry, so that there will hardly be too many of them—perhaps not even enough.

THE ANTI-MALARIA CRUSADE IN ITALY

THE splendid work that is being done by the Italian Government under the direction of such scientists and medical men as Dr. Angelo Celli (whose article on this subject was given some time ago in the *JOURNAL*), is steadily and encouragingly successful. The main lines of attack against the malarial pest are mechanical protection of workers by window-screens, wire-masks and large gloves, with rules forbidding labor before sunrise or after nightfall in infected districts; the systematic distribution by the government of quinine, with compulsion for employers to provide it; the opening of stations by the Red Cross Society; drainage schemes, and universal popular teaching by leaflets, verbal instruction, and demonstration. How much more glorious it is to see a government fighting disease than other nations! And it is fast becoming more interesting.

FOREIGN VIEWS ON NURSES' FEES

THE question of nursing the patient with limited means is being discussed all over the world. The Australian nurses are considering establishing a visiting nurse service for such patients, backed by their association, not leaving it for the individual nurse at her own risk. The possibility of having such a service turned to the advantage of wealthier patients came under discussion, and one nurse expressed herself thus:

About visiting nursing there is a great deal of difference of opinion. Unless we can get an absolutely satisfactory guarantee that visiting nursing will be confined to the class for which it is intended, we should reject it without a moment's hesitation, as it would mean utter and complete ruin to private nursing. It remains to be seen if such a guarantee is obtainable.

The *British Journal* thinks it would be almost impossible for an institution or coöperative society to vary fees by asking more when the patient is wealthy and less when his circumstances are moderate. It says, editorially:

A scale of charges must be adopted, and the employer informed as to what that scale is. At the same time we must own to a feeling of strong sympathy with nurses when a surgeon who takes a hundred or two hundred guinea fee for an operation states that he considers the nurse employed overpaid at £2 2s. a week. This is the sort of thing to make a woman wonder of what use are her days and nights of anxiety, skilled service and arduous work.

In respect to the poorer classes of the community and how to reach them, we think the *British Journal* has touched the most rational solution of the problem when it says:

We are warmly in sympathy with the poor and the middle classes being supplied with the most efficient nursing—instead of the makeshift stuff often provided at present. It can, and should be done, but the deficit must be made up by the community at large, and not at the expense of trained nurses, than which nothing can be more illogical and unjust.

In connection with this topic comes the announcement of the Berlin Central Nursing Directory (which, if we are not mistaken, is a part of a large general supervision of ambulance and first aid service, formerly under purely volunteer organizations, but now affiliated under municipal oversight) that they will provide nurses at moderate prices to persons not able to pay the full charge, and entirely free to the very poor. Perhaps one of our German sisters will explain how this is done.

ITEMS

THE Nurses' Hostel in London, which is in some ways a pattern of convenience such as we do not possess, has been having some trouble with its management, chiefly centering about the telephone service. Probably all centres where nurses live have some such difficulty at least once in their career, and we hope the Hostel will soon smooth out the wrinkles.

DR. OTTO SCHMIDT, of Cologne, is making researches into the nature of carcinoma by studying it in animals, believing that scientific research here may give some practical therapeutic knowledge.

THE training-school for nurses at Bordeaux gives its pupils practical demonstrative examinations, one surgical ward, the operating-rooms, and two medical wards being thus utilized. This growing custom of testing the nurse's skill by having her demonstrate it is bound to be a most wholesome preventive of the superficiality that might be connected with purely clerical or oral examinations.

A FORMER Queen's Nurse, writing to the *British Journal of Nursing*, September 22, gives an interesting account of district nursing work established in Jerusalem in 1903, and continuing to the present time with success. Her work was among the Christians, as the Jews have their own physicians and nurses. The nurses do a good deal of looking up

cases themselves, and conditions are very pitiful, as may be illustrated by this little story quoted from the letter:

A nurse is often not called to a patient's house until it is too late—the patient may be dying when she arrives, or the friends get tired of a long illness and neglect the patient, only sitting by expecting the poor soul to die. I had the wife of a Turkish soldier for a patient whom I found quite accidentally in a most deplorable condition: she was lying on a hard mattress on the floor in the corner of a small room, parched with thirst and covered with flies, and her husband was amusing himself in another part of the room waiting for her to die; he did not mean to be unkind, but thought it was no good, and so left her in the state I found her. I took her to the German Hospital, where she died after a few days. It was a case of neglected malaria, and with proper treatment she would probably have recovered. She was a very beautiful Damascus woman, only 22 years of age.

GERMAN HOSPITALS

GERMANY is building a great many new and magnificent hospitals. The new Augusta Victoria Hospital in Schöneberg, a suburb of Berlin, with 600 beds, just finished, is a model of perfection in plan and detail. In the children's wards of this hospital a teacher is to be employed to carry on the schooling of any children who are fit to study.

The new Rudolf Virchow Hospital, opened in Berlin on the first of October, has been seven years under construction and is a marvel of size, capacity, and completeness.

Charité Hospital in Berlin is now entirely staffed with nursing sisters on a unified basis under the general direction of the hospital management.

For many years Charité was nursed on a most intricate plan by deaconesses and sisters from different mother houses, each set being under its own head sister.

Kaiserswerth deaconesses have worked in Charité for nearly three-quarters of a century, but as Kaiserswerth could not supply enough nurses the hospital had to engage others from other schools. The Clementina House of the Red Cross in Hanover supplied a set of sisters, and they were under the general oversight of a head sister from the Clementina House. As the needs of Charité grew, other nurses had to be contracted for, so that there were actually several nurse supervisors or heads, each one responsible for her own group of nurses.

We well remember seeing, in 1899, in Charité, the different uniforms and caps betokening different mother houses and schools.


This cumbersome method has now been abandoned, and Charité will

have its own sisters, most of whom, if not indeed all, are being supplied by the German Nurses' Association, and train its own pupils, who will also be "free." We see no mention made of a matron (superintendent of nurses) and predict that unless there is one the nursing and discipline will retrograde. The German physicians (some of them) have a strong antipathy to matrons. Yet those countries that have them have made the most progress in good nursing, and one has only to look at hospitals under men's rule where there are none (as in Austria and France) to see the results. To meet the need of well-trained nursery maids, the Berlin Societies for the Care of Infants are establishing three-months' courses of training in the care of infants, on the lines of that at the Babies' Hospital in this country. The young women are carefully selected and taught, pass an examination, and have no trouble in securing good positions.

A TUBERCULOSIS CAMP BY THE DAY

IN the beautiful pine woods of Grönewald, near Berlin, two resorts have been established, one by the Red Cross and one by the city, to which incipient tuberculosis cases go by the day to get the air, nourishment, and treatment. Both the resorts are alike, with simple rustic buildings, but plenty of everything needed for proper handling of the cases. There are reclining-chairs and shelters for lying down out of doors, places to remove damp or wet garments and a supply of substitute clothing, wraps, blankets, etc., and milk, eggs and other diets are served. Doctors and nurses are in attendance. Families are allowed to visit in the afternoons, and diversion is provided in the way of entertaining lectures, reading, games, etc. The patients come every morning and go home at night.

[In our June issue the Day Camp at Parker Hill, Boston, is described by Miss Robbins.—Ed.]



LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this department.]

THE SLIDING SCALE

MY DEAR EDITOR: I have been very much interested in your journal in general, but several paragraphs in the September number particularly attracted my attention, and I think call for an answer from some member of the medical profession. With your permission I should like to state my opinion with regard to the questions therein raised.

In the first instance, a nurse is puzzled as to how far her duty requires her to extend professional courtesy to the son-in-law of a physician. We have similar problems to meet; as, for example, when we treat the son of the son of a minister. But as to the nurse, I think the matter is quite clear. I cannot see how any physician, not in abject poverty, could accept the services of a nurse without full compensation. That he would give his services to her if she were ill does not put her under any similar obligation. The cases are not at all parallel. The physician gives a small portion of his time, and does not refuse any profitable case on her account. His income is as large at the end of the year as it would have been if he had not treated her. Perhaps larger because of a good word she has spoken for him.

The nurse, on the other hand, must give her entire time and strength and pay for her room and laundry and telephone out of nothing; and rest up afterward and pay her board, also out of nothing. Then, like most self-supporting women, she probably has helpless old people, or a sister or sister's children dependent upon her. These must also live for the time upon nothing. What honorable physician could accept such services?

Again, I see that nurses are urged to go to the poor at reduced rates. If nurses wish to do this of their own free will I have nothing to say. But when I hear a physician urging this upon them as a duty, I wonder if he realizes just what it means.

I go to a poor family and give my time, fifteen minutes to an hour, I stand or select a hard chair, tolerably clean and safe from vermin. I move the bedclothes carefully so as not to disturb the sleeping germs.

I take neither food nor drink in that house. Once outside I take a long breath and drive rapidly into fresh, pure air. Then I go to my most delicate, refined and noble nurse, for she alone is open to the appeal, and say: "I am making a great sacrifice. I am giving fifteen minutes daily to a poor family. You should do as much. You should go and live for weeks in that befouled air, sleep in those grimy beds, eat with those unclean children, be nourished by their vile, unwholesome food, and after this risk of your life and certain loss of health, accept a pittance for your sufferings."

Such things have been done before now, but we physicians have no conception of the hardship entailed and have no moral right to ask or allow such a sacrifice from any human being. Is the life of my noble nurse of less value than that of the sick person? Can I not take the patient to a hospital, or ask for the calls of a visiting nurse; or, failing these, depend upon the good offices of the neighbors?

We physicians are careless of our nurses. We are passionate to heal. In our mad race for success we call on heaven and earth to help us and drive our chariot-wheels through all obstacles, human or otherwise, as callously as a Roman Nero. And when the race for a life is won, when our case of typhoid, or pneumonia, or eclampsia is going about once more and everybody is praising us, what do we do for the exhausted nurse whose skilful hand and keen eye has saved us at every step of the long way? We are sorry she is broken down and ill; yes. Perhaps she would not be ill, if we had thought beforehand to ask: "Do you have eight hours' sleep some time in the twenty-four? Do you have two hours' fresh air? Do you have proper food? Are you furnished a bed, or an old sofa or chair to sleep on? Do you need a second nurse? If so, you must have one at any cost, even the loss of my fee."

My dear Editor, I believe that if we are simply just we must attach as high a value to the life of the nurse as to that of any sick person, rich or poor.

ANNA M. STUART, M.D.,
Elmira, N. Y.

SALARY ALONE DOESN'T FIX THE STANDARD

DEAR EDITOR: The question whether nurses lower their standard by charging less than their regular rates seems to me one which each nurse should settle for herself. We cannot tell beforehand, when called to a case, what people can afford to pay, and our fees must vary as do those of a physician. I do not believe it is a wise plan to encourage a

cheaper class of nurses for those who cannot afford to pay our price, for if they need a nurse they need the best that can be had. These people do not send for a nurse until something serious is the matter, and if we are at liberty to go we should do our work for what they can pay. If we, by so doing, lower our standard, then so does a doctor lower his standard when he charges below his regular rates. Untrained or half-trained nurses should not be encouraged unless they have proven their ability to carry out the physician's orders. When we take into account the long days and nights during which we give all our thoughts and strength to the sick, we may say we are never paid in full, even though we receive twenty-five dollars a week.

I have recently located in a small town where I know I shall many times have to go below my usual fee, but these same people, I am sure, will appreciate what I do, and I shall be satisfied if I can feel that I really have helped them.

It is, after all, our life, work, and conduct that go to raise our standard, not the question of salary alone.

T. E.

NURSING CONDITIONS IN GENERAL

DEAR EDITOR: A nurse in Idaho was asked what nursing conditions there are. Her reply would fit in as a description of nursing conditions in many another place; our problems are much the same all over the country.

"This is a small place and we know what the doctor and the patient and the patients' friends say about the nurses. We hear many things that we would rather not hear. But most of the faults of the nurses are faults of the woman and not faults of the training.

"We have two training-schools here. It seems to be difficult to get probationers and those in charge seem to be glad to get any one.

"If nurses were better paid and had shorter hours, do you think a better class of women would take up nursing? I certainly do not feel proud of many who are in or are just entering the profession."

W.

"CONTACT INFECTION"

DEAR EDITOR: I have recently seen two articles which have a bearing on the subject of "contact infection."

In the first, a physician who was a member of the commission sent

to investigate the causes of the typhoid epidemics in the army during the recent war, writes that he went south feeling sure he would find the water supply at the bottom of the trouble, and he returned feeling equally convinced that the chief cause was contact infection. He found that at Jacksonville the water supply of the camp was the same as that used in the city, but that while typhoid was raging in the camp, there were only a few scattered cases in the city. He says it is a well-known fact that a regiment can carry such an epidemic with it from one location to another, and that it cannot be controlled until all the regiment property, tents, bedding, wearing apparel, and utensils have been destroyed or thoroughly disinfected.

The second article, also by a doctor, in referring to the same army epidemics, gave as the writer's opinion that infection was carried about in camp by flies.

D.

THE UBIQUITOUS FLY

DEAR EDITOR: Apropos of the recent regrettable disclosures concerning the true character of our former friend, the fly, may I offer this amended version of a familiar nursery rhyme?

Baby bye, there's a fly,
Let us shun it, you and I;
How he crawls, on the walls,
Where the stable refuse falls.
I believe with those six legs
He'll be wading next in eggs.
There he goes, on soiled toes,
Tickling baby's nose.

W.



LINES written in the album of Judge L., after a spirited discussion with his friend on the "future state":

Farewell—
And if on earth we ne'er shall meet
I'll look for you among the wheat.
But if you chance among the tare,
Don't look for me. I'll not be there.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

OFFICIAL ANNOUNCEMENTS

ON November 20 the New York State informal meeting will be held at 1313 Bedford Avenue, Brooklyn. There will be addresses and papers on the subject of the education of nurses. The morning session will begin at 10 a. m. The afternoon session at 2 p. m.

THE Graduate Nurses' Association of Connecticut will hold a regular quarterly meeting at the William Backus Hospital, Norwich, on Wednesday, November 7, at 1.30. Miss Emma L. Stowe will speak on the value of externs work.

E. B. LOCKWOOD, Secretary.

NEW YORK.—The first of the informal State meetings in New York is to be held at the assembly hall of the Kings County Medical Society Library, 1313 Bedford Avenue, Brooklyn, on November 20.

The morning session, beginning at 10 o'clock, will be for the discussion of nursing affairs; at 2 o'clock there will be papers and discussions on the education of nurses. This will be the first of the informal meetings that may, upon the call of the president, take the place of the regular semi-annual meetings held before the change in the by-laws. There will be no business transacted, but both sessions will be devoted to the consideration of subjects of general interest to the nurses of the State. With a full attendance the occasion should be exceedingly interesting.

NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES

ALUMNÆ and state associations desirous of affiliating with the Nurses' Associated Alumnae of the United States are requested to make application as early as possible.

Application blanks may be obtained from the secretary, Miss Nellie M. Casey, 814 South Tenth Street, Philadelphia, Pa.

A limited number of reports of the Ninth Annual Convention of the Nurses' Associated Alumnae of the United States, held in Detroit, Michigan, have been printed, and can be had by enclosing ten cents to the secretary.

ASSOCIATED ALUMNÆ

THE address of the secretary of the Nurses' Associated Alumnae of the United States, Miss Nellie M. Casey, has been changed from 814 South Tenth Street to 4628 Chester Avenue, West Philadelphia, Penna.

REPORTS TO THE INTERSTATE SECRETARY

Will the Secretaries of the State Societies who have not responded to the request of the Interstate Secretary for information regarding State work kindly bear in mind the fact that this material is needed at once in order to carry on the work of the department.

Please see that sufficient postage is placed on all mailing matter, also name of sender. If a reply or printed matter is desired, kindly enclose sufficient postage.

SARAH E. SLY,

Interstate Secretary for the Nurses' Associated Alumnae.

October 12, 1906.

REGULAR MEETINGS

TOLEDO, OHIO.—The Toledo Graduate Nurses' Association held its regular monthly meeting September 25, at The Zenobia. Delegates to the State Convention at Dayton, October 16, were elected, as follows: Miss Mateer, delegate; Miss Roche and Mrs. Kiser, first and second alternates.

The annual meeting of the society was changed from November of each year to May and the Mothers' Meeting from May to April, making the next election in May.

The society voted unanimously a small contribution to the San Francisco Nurses' Relief Fund.

The Toledo local and alumni societies, in connection with the Woman's Club Lecture Committee, are arranging for a public lecture in the near future, by Mrs. Von Wagner, of Yonkers, N. Y., on "Municipal Sanitary and Tuberculosis Work." All who heard Mrs. Von Wagner at Washington, last year, are anticipating a treat.

It is hoped that the association may be incorporated before the next meeting, as the necessary arrangements have been completed.

NEWARK, N. J.—The first fall meeting of the Newark City Hospital Alumnae Association was held Tuesday, September 25, at 3 P.M., in the Nurses' Home.

The meeting was well attended, the president, Miss Emily Jones, occupying the chair. A very interesting paper on Obstetrics, written by Mrs. Hough, was read and greatly appreciated. After the business of the meeting was disposed of refreshments were served and a very pleasant social hour was spent.

The next regular meeting of the association will be held November 27, at the home of Miss O'Hara, 295 High Street.

PHILADELPHIA.—The Protestant Episcopal Hospital Alumnae Association met October 3, at the Nurses' Home, Miss Nedwell in the chair. There were six members present.

Notice was read of a mass meeting of the graduate nurses of Philadelphia, to be held at the Church House on the eighth of October, to consider the proposed club-house. The constitution prepared by the committee during the summer was presented and well considered, and all were urged to be present at the mass meeting, that the association might be well represented.

Arrangements for entertaining the State Association and the graduating class of 1906 were also discussed.

The semi-annual meeting of the Graduated Registered Nurses' Association of Kings County was held at the Kings County Medical Building, Bedford Avenue, Brooklyn, on Thursday, October 4, 1906. The meeting was very well attended and the active interest manifested in the important social and professional questions of the day seem to warrant us predicting a bright and useful future for this organization. The executive committee gave a most satisfactory and encouraging report of the Association's progress since the annual meeting. Papers on "The Public School Nurse," by Miss M. E. Wall, and "Nursing in Small-pox," by Miss M. Williams, were interesting and instructive. A nominating committee of five was elected, as follows:

Miss Margaret McCarthy, chairman; Misses Remson, Tweedale, Rothermund, and Burrows. The annual meeting will be held in April, 1907.

SCRANTON, PA.—The alumnae association of the Scranton Training-School for Nurses held their regular monthly meeting at the State Hospital on October 11, 1906. Eight members were present. The meeting was called to order at 3.30 P.M., the vice-president in the chair.

Mrs. T. E. Coppinger was elected delegate to attend the State Convention held in Philadelphia on October 17, 18, 19.

The next meeting will be at State Hospital in November.

NEWARK, N. J.—The graduate nurses of the Newark City Hospital have organized a nurse club and have opened a club-house at 295 High Street. The club is under the direct management of a trained nurse, as is also the telephone, all calls and messages being promptly attended to, both day and night. The members reside at the club and enjoy the privilege of a pleasant dining-room, where meals are served, making the club more homelike and cheerful. The large, attractive parlor is used for both social and business purposes. Lectures and demonstrations are given periodically.

NEW JERSEY.—To the very great regret of those in charge the state of New Jersey Association was unable to open its anti-Tubercular exhibit in Orange on October 12, as had been planned. The committee had most reluctantly to cancel the engagement of those who had so kindly consented to speak during the day.—Miss Annie Damer and Dr. Wm. Allen of the New York Charities Society.

STATE MEETINGS

MISSOURI.—The Missouri state association of Graduate Nurses was organized, and held its first annual convention in the University Medical College, Kansas City, Mo., October 2, 3 and 4. The physicians who addressed the Association were Dr. James N. Jackson and Dr. W. C. Morron, of Kansas City, and Dr. J. M. Allen, of Liberty, Mo.

The members were extremely fortunate in having with them at this time Miss Sara E. Sly, president of Michigan State Association and interstate secretary.

They also received valuable assistance from Miss Mina Shipley, superintendent of the General Hospital, of Kansas City, Mo.

Mrs. Bell, president of "The Athenæum," of Kansas City, Mo., read a very interesting paper on "Higher Education" as related to the nurse.

On Thursday, October 4, Senator Solen Gilmore, one of Missouri's able lawyers, gave us a helpful talk on "The Best Way to Present the Bill to the Legislature."

The following officers were elected: President, Mrs. M. E. Gibson, superintendent of the Jewish Hospital, St. Louis, Mo.; first vice-president, Miss Cora Bayless, Kansas City, Mo.; second vice-president, Miss Mary Charlesworth, superintendent Ensworth Hospital, St. Joseph, Mo.; recording secretary, Miss Clara Long, assistant superintendent Western University Hospital, St. Louis, Mo.; corresponding secretary, Miss Anna Belle Adams, assistant superintendent University Hospital, Kansas City, Mo.; treasurer, Miss Mary Stebbins, 465 N. Taylor street, St. Louis, Mo. Standing Committees.—(1) Legislative: chairman, Miss V. M. Porter, superintendent University Hospital, Kansas City, Mo.; (2) credentials: Chairman, Miss Nell. W. Crouch, 1106 Bales Avenue, Kansas City, Mo.; (3) eligibility: Chairman, Miss Mina Shipley, superintendent General Hospital, Kansas City, Mo.; (4) ways and means: Miss Sara Whelpton, 3644 Botanical Avenue, St. Louis, Mo.; (5) press and publication: Chairman, Miss Mary Morgan, 1001 East Fourteenth street, Kansas City, Mo.

The convention adjourned to meet in St. Louis the second week in December.

ANNA BELLE ADAMS, Cor. Sec.

MINNESOTA.—The second annual meeting of the Minnesota State Nurses' Association was held October 9, in St. Paul.

Miss Caroline Seidensticker, chairman of the legislative committee of the Illinois State Nurses' Association, addressed the meeting upon legislative features of registration. It was felt the association was not quite ready to present a bill this year.

The meetings have been enthusiastically attended, and good work has been done the past year.

The officers elected for the coming year are: President, Mrs. Alex. Colvin, 623 Grand Avenue, St. Paul; first vice-president, Miss Mary Wood, 609 Baltimore Bldg., St. Paul; second vice-president, Miss Addie Knox, St. Luke's Hospital, Duluth, Minn.; secretary, Miss Marie R. Jammé, Visiting Nurse Comm., Court House, Minneapolis; assistant secretary, Miss Edith Rommel, 1502 Third Avenue South, St. Paul; treasurer, Miss Grace Holmes, 255 Prescott Avenue, St. Paul.

COLORADO.—The Colorado State Trained Nurses' Association held its fall meeting in Colorado Springs on October 9. The session was opened with a prayer by the Rev. C. B. Wilcox, D.D., after which Miss L. L. Hudson, president of the Colorado Springs Registry Association, gave the address of welcome, which was responded to by Miss L. L. Bescroft, of Pueblo, first vice-president. Mrs. C. A. Logan, accompanied by Mr. Sears, sang "When the Heart is Young" and "The Plains of Peace," and Mrs. Baughart gave a recitation entitled "Mr. Dooley and the Microbes." The visiting nurses were royally entertained by the local association at lunch, followed by a burro ride and drive up North Cheyenne Cañon, where refreshments were served.

NEW HAMPSHIRE.—On Tuesday, June 23, a special meeting of the Graduate Nurses' Association of New Hampshire was held at the chapel of the State Hospital, Concord. Miss Riddle, president of the Massachusetts State Nurses' Association, gave an address on "Why do we want state registration?"

Miss S. F. Palmer, editor-in-chief of the *JOURNAL* and president of the Board of Nurse Examiners for New York State, gave an address on "How to pass the bill." The addresses were of great interest and profit to all and received great applause.

Mrs. Streeter and Dr. Bancroft of Concord, and Professor Gile of Hanover, spoke in a very enthusiastic manner in favor of state registration of nurses.

Besides the nurses from all parts of the State there were present a number of prominent physicians and other persons interested in public affairs.

WEST VIRGINIA.—The first meeting of the Nurses' State Association of West Virginia convened in Charleston October 9 and 10. On the evening of the 9th Mrs. George Loundsbury gave an informal reception at her home on Washington Street. Refreshments were served and the evening was pleasantly spent in getting acquainted. All enjoyed this social meeting, or "ice breaking," and felt better prepared to work together in the coming business sessions.

The first business session was opened with prayer by Dr. Roller, of St. John's Episcopal Church. Dr. Roller also made a very interesting talk, retrospective of the nursing profession in the State, and the wonderful advance the profession has made in the past fifteen years. The proposed bill for registration of nurses to be brought before the State Legislature this winter, was read, discussed, and, after some changes, was adopted by the association.

At the afternoon session the Constitution previously adopted by the Kanawha branch was amended and adopted as the Constitution of the state organization. The question of the N. S. A. pin was then brought before the body, and it was unanimously voted that the pin should be worn by graduate nurses only. Charleston, as the most central point, was chosen as the place of the next annual meeting, in October, 1907.

Officers elected for ensuing year are: Mrs. George Loundsbury, of Charleston, president; Miss Gaule, of Huntington; Miss Bell, of Wheeling; Miss Crocker, of Bluefield; Miss Millikin, of Morgantown; Miss Deasell, of Wheeling; Miss McKay, of Paint Creek, and Miss Simmons, of Fayetteville, vice-presidents; Miss Virginia Joachim, of Charleston, state secretary, and Miss Margaret Miller, of Charleston, state treasurer.

In the evening a dinner was given at the Hotel Ruffner by the Kanawha branch of the Nurses' State Association in honor of the visiting nurses, after which an informal reception was held in the hotel parlors. At dinner some of the nurses presented Mrs. Loundsbury with a beautiful bunch of roses in expression of their appreciation of her zealous work as first president. Miss Schum, of Charleston, presented the flowers with a pretty and an appropriate little presentation speech, to which Mrs. Loundsbury responded in her own graceful manner. During the evening beautiful flowers with the following letter were presented to the members of the association by the Kanawha Medical Society:

CHARLESTON, WEST VA., Oct. 10, 1906.

West Virginia Association of Nurses:

In behalf of the Kanawha Medical Society we are pleased to contribute this small floral token of our high esteem of your noble profession, and ask that each of you be decorated with a portion of them, and that you may take this as a small evidence of our deep interest in the organization you are effecting. Our vocations are almost inseparable, and we naturally feel a lively interest in any proceedings or steps that will effect and keep a high standard of efficiency among nurses; and we feel that the state organization is a movement of great importance along these lines.

V. T. CHURCHMAN, President.

A. A. SHAWKEY, Secretary.

PERSONALS

KATH McTAVISH, class of '98, Toronto General, has resigned her position in the hospital at Atlin, B. C.

MISS MALONEY, St. Mary's, Detroit, is now superintendent of nurses of the City Hospital, Jackson, Mich.

MISS EVA A. MACK, class of '97, St. Luke's, Chicago, has gone to the Saulte Ste. Marie Hospital to assist Miss Baxter.

MISS SHARPE, class of '95, St. Luke's, Chicago, has accepted the position of infirmary nurse at Kemper Hall, Kenosha.

MISS GERTRUDE MOORE, class of '04, Toronto General, has been appointed head nurse Royal Jubilee Hospital, Kenora, Ont.

MISS MAE MORSE, class of 1899, Illinois Training-School, is superintendent of the Grove House for Convalescents, Evanston, Ill.

MISS CROFT, a graduate of the New York City Hospital, has been appointed superintendent of the Virginia Hospital, Richmond, Va.

MISS ANNA L. ALLINE has returned from an extended trip through the West and is again at her post at Teachers' College, New York.

Mrs. GEORGE McPHERSON, (*née* Mary Kennedy), class of '86, Toronto General, has opened a private hospital in Rosedale, Toronto.

MISS GUIENDER, graduate of the Franklin Square Hospital, Baltimore, Md., has taken charge of the Retreat for the Sick, Richmond, Va.

MISS M. R. SMITH, of St. Luke's Hospital, New York (class '97), has been appointed directress of nurses in the Memorial Hospital, Richmond, Va.

MISS SHEPPARD, formerly superintendent of the Guelph Hospital, has accepted the position of lady superintendent of the Berlin-Waterloo Hospital.

MISS KATHARINE PRICE, of the Moses Taylor Hospital, Scranton, Pa., has been appointed superintendent of the Burnett Sanatorium, Fresno, California.

MISS MILNE, graduate of St. Mary's Hospital, Detroit, Mich., class of 1904, has accepted a position in Willard Parker's Contagious Hospital, New York City.

MISS BADENOCH has resigned her position as head surgical nurse at St. Luke's, Chicago, and will be succeeded by Miss Tidlaw. Both are graduates of the school.

MISS LILIAN HAZEMAN and Miss Elizabeth Meehan, graduates of Mercy Hospital, Chicago, class of '06, have gone to Rochester, Minn., to take positions in the Mayo Hospital.

MRS. MARY CLYDE, class of 1902, after four years of faithful work, resigned to accept the position of dispensary nurse in the Dental Department of the University of Minnesota.

MISS S. E. WILLIAMS, graduate of the Colorado Training-School for Nurses, Denver, Colo., has been appointed nurse school inspector by the Board of Education, and has entered upon her duties.

MISS HARRIET COOK, graduate of the City Hospital Training-School, Minneapolis, Minnesota, class of 1900, was appointed night superintendent at the above institution, and assumed her duties September 10th.

MRS. NELLIE F. CROSSLAND, former superintendent of nurses at St. Mark's Hospital, Salt Lake City, has accepted a position as superintendent of nurses at Dr. W. H. Groves' Latter Day Saints' Hospital.

MISS MARY CLEARY, class of '02, Mercy Hospital, Chicago, for the past two years superintendent of nurses at St. Mary's Hospital, Brockville, Can., has resigned her position and taken up private duty in Chicago.

MRS. MACMURCHY, Elora (*née* Kate Southerland), class of '93, Toronto General, has removed with her family to Regina, Northwest Territories, her husband having received a position in the High School in that city.

MISS KATHERINE MACPHERSON, class of '91, Illinois Training-School, has given up the position she has filled for some years as lady superintendent at the General Hospital, Kenora, Ontario, and will rest for the present.

MISS ANNIE R. YOUNG has resigned from the Watertown City Hospital to accept the position of superintendent of nurses at the Hospital of the Good Shepherd, Syracuse, N. Y., to fill the vacancy caused by the resignation of Miss Caroline Hill.

MISS CORA OVERHOLT, who has been for eleven years superintendent of nurses at Hahnemann Hospital, Chicago, has given up her position and has gone to her home in Ashfield, Ohio, to live. She will be greatly missed in nursing circles, where she has done her part with a quiet faithfulness which could always be depended upon. She is succeeded by Miss Nellie M. Crissy, a Hahnemann graduate.

THE resignation of Miss Elizabeth Campbell Gordon, superintendent of the General Hospital, Kingston, Ont., has been accepted. The Board of Directors of this hospital have decided to return to the former system of having a medical superintendent of the hospital, and a superintendent of nurses for the training-school. It is altogether probable Miss Gordon will take up hospital work in the western part of the Dominion.

MISS EDNA LOUISE CHAMBERS, class 1901 Christ Hospital Training-School, Jersey City, N. J., has been appointed superintendent of the hospital.

MISS GRACE ELLSWORTH, late of Wesley Hospital, Chicago, went to the far West to visit a friend, not to take charge of a hospital as stated in these pages in a recent issue.

MISS HENRIETTA MCCARTHY, class of '06, Mercy Hospital, Chicago, who has been visiting her home in Canada for the past two months, has gone to Savannah, Ga., where she has accepted a position as superintendent of nurses in St. Joseph's Hospital.

MISS HELEN T. KERWIN, a graduate of Mercy, Chicago, class of '99, and superintendent of nurses at St. Joseph's Infirmary, Atlanta, Ga., for the past four years, has secured leave of absence for one year, and is now resting at Sacred Heart Sanitarium, Milwaukee.

MISS LAPSLEY, graduate of St. Mary's Hospital, Detroit, Mich., class 1902, is now in Presbyterian Hospital, Chicago, Ill., supervisor of surgical hall. Miss Lapsley was obliged to resign her position in Huron Street Hospital, Cleveland, on account of her father's illness.

MISS M. E. BRYDON, graduate of Dr. Price's Hospital, Philadelphia, is doing district work in Danville, Va., and is much interested in establishing a lunch-room for the operatives who are working in the cotton mills there. A second nurse is shortly to take charge of Schoolfield, a mil' district in the suburbs of Danville.

DR. LI BI CU, a young Chinese woman who graduated last year with high honors from the Woman's Medical College, in Philadelphia, has been selected to establish a woman's hospital in Ngu Cheng, China, under the auspices of the Methodist Women's Board of Foreign Missions. During Dr. Li Bi Cu's medical course she spent two of her summer vacations at the Homœopathic Hospital in Rochester, where Miss Allerton gave her every opportunity to study hospital administration and nursing. Every department, from the bookkeeping in the office, the management of the kitchen, and the practical nursing work in the wards, she not only studied with Miss Allerton, but she did the actual work with her hands. She proved to be a gifted woman and a charming companion and made many friends who will watch her career among her own people with great interest.

MARRIAGES

IN Silver City New Mexico, Gretta Belle Meuser, late of the Army Nurse Corps, to Sergeant Hugh G. Ott, Hospital Corps, U. S. Army.

IN Scranton, Pa., July 19, 1906, Miss Bertha Umstead, class of 1903, of the Moses Taylor Hospital, to Dr. John C. Sillman, of Palestine, Texas.

AT Cleveland, Ohio, on August 18, Miss Bessie F. Arnold, class of 1899, Illinois Training-School, to Mr. William Wright. Mr. and Mrs. Wright will live at Lakeside, Ohio.

IN St. Ignace, Mich., September 27, 1906, Miss Helen Rhoades, class of '06, Mercy Hospital, Chicago, to Mr. John Wineberg.

AT Windsor, Canada, September 18, Miss Minnie Hart, St. Mary's Hospital, Detroit, Mich., class of 1901, to Mr. J. G. Longworth. Mr. and Mrs. Longworth will live in Detroit.

AT the Hospital of the Good Shepherd, Syracuse, N. Y., August 22, 1906, Miss Jennie L. Chesebrough, class of 1901, to Mr. Hammond F. C. Lightbourn, of Warwick, Bermuda.

AT Shakespeare, Ont., September 24, by the Rev. Mr. McLaren, Margaret Christena Crerar, class of '03, Toronto General, to Archibald William Smith, eldest son of C. E. Smith, Toronto.

IN Salt Lake City, Utah, September 4, 1906, Florence Dillingham, class 1904, Colorado Training-School for Nurses, Denver, to Dr. Edward W. Adamson. Dr. and Mrs. Adamson will live at Douglas, Arizona.

AT her home, Vermillion, South Dakota, Dorothea T. Burgess, class of 1904, Illinois Training-School, to Mr. Frederick Thielbar. Mr. and Mrs. Thielbar will live in Chicago. Mrs. Thielbar was recently assistant superintendent at Wesley Hospital.

AT the Manse, Gananoque, Ont., on the 19th of September, 1906, by the Rev. H. Gracey, father of the bride, Elizabeth Dorothy Gracey, class of '03, Toronto General, to J. Woodruff Banfield, assistant manager of the branch of the Royal Bank of Canada, in Havana, Cuba.

THE Mt. Sinai Alumnae announce the marriages of the following members:

IN New York City, Miss May Morris to Mr. John B. Sheppard.

Miss Mabel M. Saxton to Mr. Martin J. Brown.

Miss Mary D. Oldright to Mr. Donald K. McWilliams.

Miss Sara Tenney to Mr. Eugene Fringe.

Miss Kate Dowling to Mr. Robert C. McMann.

AT Basseterre, St. Kitts, British West Indies, Miss Lillian Fewtrell to Mr. E. Thomas, of Berwick, Penna.

BIRTHS

AT Chatham, Ont., on the 23d of September, a son to Mrs. D. H. Douglas (née Adda Gould), class of '09, Toronto General.

AT Cold Spring Harbor, August 23, a daughter to Mrs. Frank E. Lutz (née Martha E. Brobson), University of Pennsylvania Hospital, class of 1902.

AT Division Hospital, Manila, P. I., on July 18, a daughter to Mrs. William Tracy Page (née Lucile Flick), Army Nurse Corps.

OBITUARY

MISS EMMA THEURKAUFF, a graduate of Toledo Hospital Training-School, 1903, died at the above hospital, August 8, 1906, after an illness of only a few days.

On September 20, after a short illness, Miss Jessie Sutcliffe, class of '95, St. Luke's, Chicago. Miss Sutcliffe had been superintendent of the Milwaukee County Hospital. Nurses who attended the meeting at Detroit may remember meeting her there.

At her home in Columbia, S. C., June 23, Mrs. A. Porter Haskell. Mrs. Haskell was Miss Loraine Smith, and a graduate of the Grace Hospital of Detroit, Mich., class of 1894. She was the first superintendent of the University Hospital Training-School, of Kansas City, Mo., and was an honorary member of the alumnae association.

Miss SOPHIE HIGINBOTHOM, New York Hospital, '98, met with a tragic death at the club house on September 21, 1906. She fell with the elevator from the sixth floor and lived only a few minutes after she was taken from the wreck. Miss Higinbothom's family live in Bermuda, and her death is the first in a large family. She was staying at the club house while taking a week's vacation from her duties as assistant superintendent of nurses at the Brooklyn Hospital. Her charming personality had made her much beloved and her shocking death has caused the deepest sorrow.

HOSPITAL ECONOMICS COURSE

THE Hospital Economics Course has opened its eighth year with eight students enrolled for the junior year and six from former classes enrolled as senior and graduate students, making a total of fourteen, as follows:

Junior Class.—Miss Martha Cretcher, Hartford Hospital, Hartford, Conn.; Miss Katherine Decker, Hamot Hospital, Erie, Pa.; Miss Anna G. Hayes, House of Mercy Hospital, Pittsfield, Mass.; Miss Nellie B. Hall, Butterworth Hospital, Grand Rapids, Mich.; Miss Flora King, Holyoke City Hospital, South Hadley Center, Mass.; Miss Ida Marker, City and County Hospital, Denver, Col.; Miss Edith Weeks, Illinois Training School, Chicago, Ill.; Miss Lillian Van Vassburgh, Maryland Hospital, Baltimore, Md.

Senior Class.—Miss Edith Ambrose, Miss C. J. Durkee, Miss Elizabeth Harcourt, Miss Anna Heilger, Miss A. J. Perry; graduate, Miss J. E. Jewell.

Changes made in the domestic science course of study always affect us somewhat. Those who have had the Teachers' College work will be interested to know that "Food Production and Manufacture" has laboratory work combined with it, covering the more simple qualitative tests formerly given in Household Chemistry, while Household Chemistry takes up quantitative work in its stead.

A course in chemistry and physics is prerequisite to the course in Food Production and both are prerequisite to Household Chemistry.

It can readily be seen that now the course in Food Production is just what we need and for the one-year work is most satisfactory. Then taking Household Chemistry in the second year rounds out that side of the question. The new course in Domestic Science directly supplies the dietary work. This surely is all we could ask and as much as there is time for, combined with the regular courses in Hospital Economics. Students registering for two years have Household Mechanics in the second year; if only one year is registered for, the course is taken without credit. One of the new class having a Normal School diploma

is entitled to a number of points credit and will be able to cover the two years' work in one year with the addition of the summer term of six weeks.

The special work given our class by Dr. Biglow in former years is now in the form of regular lectures and discussion one hour per week, counting two points credit for the year.

As biology is prerequisite, only members of the second-year class can register for it.

Since closing the year's work last June no money has been received for current expenses. The balance on hand to begin the new year was \$369.61.

For the Endowment Fund, the following sums have been received:

From Miss Edith C. Huntington	\$10.00
" Indiana State Nurses' Association.....	10.00
" Miss M. C. Wheeler.....	10.00

Total amount of the fund, \$465.58.

The Michigan State Society reports nearly five hundred dollars collected for this fund. This surely is a most commendable piece of work. Others must soon come forward with such help if our work is to be put on a permanent basis.

ANNIE W. GOODRICH, Chairman.

THE GUILD OF ST. BARNABAS

THE Guild of St. Barnabas for Nurses held their twentieth annual council in Orange, N. J., opening on Wednesday, October 10, with a delightful reception at the home of Mrs. Wm. H. Williams, an associate, to meet the Bishops of Newark and the Bishop of Pittsburg, Chaplain-General. Badges were then distributed to the delegates, secretaries and chaplains.

A beautiful musical service was rendered in St. Mark's Church, W. Orange, at 8 o'clock in the evening, the preacher being the Rev. Alex. Mann, rector of Trinity, Boston, and late chaplain of the Orange Branch. Taking the motto of the guild for his text, he made a strong protest against commercialism among the nurses, urging a greater love towards the suffering poor, recognising the call to each as "one whom his Lord loves," and being more ready to respond, even as He rejected none who came for help. On Thursday the day opened with the celebration of the Holy Communion, at Grace Church, Orange, nearly 100 being present. A breakfast was afterwards served in the Parish House adjoining, to which all were invited, and immediately following the entire party entered the waiting conveyance and were driven up the beautiful orange mountain to Shenactos Lodge, the home of the General Secretary. The rooms in which the business services were held were tastefully decorated in orange and white bunting, orange-colored flowers and asparagus fern. At 1 P.M. those assembled were the guests of Mr. and Mrs. Wm. Read Hone at a luncheon which left nothing to be desired, the serving being expeditiously managed by thirty waitresses all in white with bows of orange satin ribbon in their hair. The conclusion of the business meeting was followed by a refreshing cup of tea, which never comes amiss after the amount of talking which is always necessary to settle the affairs of the association for the coming year. The invitation of the Washington (D. C.) branch was accepted for next year, being in the proximity of Richmond,

whereby the general convention can be combined with the more humble guild council. Miss Smory, of the Church Missions House, made an eloquent appeal for nurses in the mission field giving a clear, practical idea of the kind of nurse required and the kind of work she would find waiting for her. For three years past the guild has paid the salary of a nurse in the Philippines and now wishes very much to do the same for a nurse who will offer for Alaska or other chosen field. Souvenirs of an "Indian" character, from the associations of "Shenactos Lodge," were distributed to over 250 guests and members, and in the evening souvenir programmes will serve to show to others not able to be present a little of what took place and where. In the evening at Grace church a final gathering took place to listen to papers that had been prepared touching upon the work that the guild had done for others, what it did for itself, its own members, how its influence might be brought to bear on all the phases of a nurse's work and life, and what it still might accomplish in maintaining its own integrity and simple purpose and deepening the lives of all who were attached to it. Two papers on tuberculosis work were also read and kindly, helpful words from Bishop Sims, of Newark, and Bishop Cortland Whitehead, of Pittsburg, concluded one of the brightest and happiest of our yearly meetings.



FRESH AIR AT NIGHT.—Dr. Jacobi, as quoted by the *New York State Journal of Medicine*, says: "A grave danger to adults and children, mainly the latter, are our bed-rooms. Indeed, my friend Biermer, late professor in Zurich and Breslau, called tuberculosis a bed-room disease. With what right? A baby is at least sixteen hours a day in that narrow, confined, airless, windowless bed-room; a child at least ten or fourteen hours, the greater part of its young life. The air is the reverse of what it should be to protect blood formation, circulation and digestion. What can be done to improve it to a certain extent? Some window should be open all night and day. If there be none in the bedroom there is one in the adjoining front room or the kitchen at the rear."

COMPOSITION OF ICE.—The *Journal of the American Medical Association*, in a synopsis of a paper in a French medical journal, says: "Sacerdote has found that as water freezes slowly all the impurities are pushed away from the part first freezing. The center of a cake of artificial ice is generally opaque, while the part first frozen—the outside—is generally clear. Whatever the character of the water used, the water obtained by melting the outer, clear parts, is almost perfectly pure, while that from the central, opaque part contains the impurities. The bacteria do not escape this law," he adds, "but will be found congregated in the central part of the cake."

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

A NURSE'S HANDBOOK OF MEDICINE. By J. Norman Henry, M.D., clinical professor of medicine, Woman's Medical College of Pennsylvania; assistant physician, Philadelphia Hospital; physician to out-patient department and lecturer to nurses, Pennsylvania Hospital. Philadelphia and London: J. B. Lippincott Company.

This subject, which has hitherto received attention of a very meagre quality in from one to two or three chapters in handbooks of nursing, is admirably handled by Dr. Henry and has made matter for a book which has long been in demand. Its two hundred and sixty-eight pages, comprising the substance of lectures given by the author to the nurses of the Pennsylvania Hospital, contain much carefully-selected general medical information for nurses, for the most part digested from the best standard textbooks of the day, largely supplemented, however, by the author's own experience. Dr. Henry ought to have the thanks of the whole nursing body, who in turn are to be congratulated that they now have the satisfaction of consulting a book on the practice of medicine from the nursing point of view. The book may be roughly divided into two parts, the first, comprising about half of the entire work, being devoted to general information concerning subjects which enter into the consideration of medical cases—Course and Termination of Disease; Study of Excretions; Temperature, Pulse, Respiration; Hygiene; Treatment of Fevers; Technique of Baths, Packs, etc.; Hypodermics. The second half of the book takes up various diseases, notably those which offer to nurses the greatest opportunity for exercising skill in their own profession.

One feels sure that in the author of the Handbook of Medicine nurses may count on a staunch friend to the profession at large, a friend who sympathizes with our desire to keep ourselves well in line with the advancement of the world and one who recognizes that, to accomplish this, we must have good schools and good books. Indeed, he gives a special word of warning against the short-course theoretic schools at

the end of a well-meant little sermon on ethics which he slips in by way of introduction.

We wish Dr. Henry's book the successful career it deserves.

ECZEMA: A consideration of Its Course, Diagnosis and Treatment, embracing many points of Practical Importance, and containing 146 Prescriptions, illustrating Dosage in Local Applications. By Samuel Horton Brown, M.D., assistant dermatologist, Philadelphia Hospital, dermatologist, Southern Dispensary; assistant dermatologist, University Hospital Dispensary. Philadelphia: P. Blakiston's Sons.

This little book with its long sub-title, which is almost a synopsis of the book and gives one an impression of being something left over from the seventeenth century, is by this feature calculated to mislead. It turns out on investigation to be a most up-to-date little volume. Taking up a subject as unpopular as it is prevalent, and writing of it with exhaustive minuteness, the author claims for his work no new discoveries, but expresses his belief that the subject as here treated in a special and individual manner is more likely to attract attention, and also by being conveniently concentrated will save those who consult its pages from the loss of time entailed by following the subject in some of the larger works on general medicine.

THE HEALTH-CARE OF THE BABY: A HANDBOOK FOR MOTHERS AND NURSES. By Louis Fischer, M.D., author of "Infant Feeding in Health and Disease"; "A Textbook on Diseases of Infancy and Childhood"; attending physician to the Willard Parker and Riverside Hospitals; former instructor in Diseases of Children, at the New York Post Graduate Hospital. New York and London; Funk and Wagnalls Company.

This work, excellent of its kind, is not in the class of textbooks for nurse training-schools, being, as its title indicates, destined to become the strong staff in the hand of the young mother who seeks to drive from her nursery those foes to infant well-being which are supposed to creep in after the fairies, good and ill, have had their say over the cradle. The mothers will hardly be allowed to monopolize the book, however, as it is just the kind of a handy little volume that one is likely to find useful in infant feeding or the feeding a child with delicate digestion. Not a cumbersome book, easily slipped into a small space, and written with the style of a master, in spite of its slender caliber holding the interest and commanding respect.

HOSPITAL AND TRAINING-SCHOOL ITEMS



THE S. R. Smith Infirmary is to have a new building for the nurses, the gift of Mrs. George Farrar as a memorial to her husband.

THE State University of Iowa City, Iowa, recognizes the training-school for nurses of the University Hospital as a department of the University.

THE nurses of the Elliot Hospital have turned over to the trustees for general running expenses about \$750 cleared at a lawn party given early in September.

THE Paterson General Hospital has put up an additional building which was found necessary to meet the requirement of the increasing calls for more room for patients in that busy centre.

THE addition to the Orange Memorial Hospital, which embodies all the modern improvements, and will greatly add to the efficiency of the work of the nurses, and the comfort of the patients, as well as their increased number, is nearing completion, and will be opened with appropriate exercises about the beginning of November.

THE Minneapolis City Hospital has established a preliminary course for pupil nurses which is conducted by a Senior nurse under the direction of the Assistant Superintendent of Nurses. An outline of the working plan covering four weeks is printed in a convenient leaflet. The course follows practically the plan recommended by the New York State Education Department.

THE graduating exercises of the School for Nurses, Toronto General, took place October 19. The class of 1906 is as follows: Mary Emma Young, Bradford, Ont.; Lillian Rowntree, Thistletown, Ont.; Sara D. Livingston, Point Edward, Ont.; Amy C. D'Espard, Toronto, Ont.; Alice Budge, Port Hope, Ont.; Mary E. Switzer, Rannoch, Ont.; Mary A. Husband, Oakville, Ont.; Janet Scott, Malvern, Ont.; Mary F. Galbraith, Bowmanville, Ont.; Jean McTavish, Napier, Ont.; Lillian E. Bate, Scotch Block, Ont.; Claire E. Avery, St. John's, Newfoundland; Margaret A. McCreddie, Niagara Falls, Ont.; Florence H. Jones, Belleville, Ont.; Carrie L. Cherry, Bowmanville, Ont.; Lottie E. Lawson, Sackville, New Brunswick; Ida May Irene Freeze, Doaktown, New Brunswick; Jean M. Kniseley, Port Colborne, Ont. The following nurses obtained prizes:—Lottie Lawson, first prize; May Freeze, second prize; Amy D'Espard, Emma Young, Lillian Rowntree, third prize. General Proficiency, Practical Nursing.—Ida Freeze, Emma Young, first prize.

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR TWO MONTHS ENDING OCTOBER 13, 1906

BANDER, ISABELLE MAY, formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

BARKER, MARY C., formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

COPE, ANNETTE, formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

DAVIS, ANNA L., recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila, P. I.

DEMAREY, MARIE, graduate of Thrall Hospital, Middletown, N. Y., 1898, post-graduate course in General Memorial Hospital, New York City, 1899, and four years in the H. W. Manhattan Eye and Ear Hospital; appointed and assigned to duty temporarily at Fort Sheridan, Ill.

DUNCAN, ADELAIDE, graduate of French Hospital, San Francisco, 1902; appointed and assigned to duty at the General Hospital, Presidio of San Francisco, Cal.

EDWARDS, CATHERINE, recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila.

HENSEL, JOSEPHINE, graduate of the McKeesport Hospital, McKeesport, Pa., 1905, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

KROGH, MARY E., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

LINDLEY, LAURA L., under orders to sail from San Francisco to the Philippines on October 15, for duty in that division.

REED, MARGARET, graduate of French Hospital, San Francisco, 1906; appointed and assigned to duty at the General Hospital, San Francisco.

SELOVER, CLARA M., recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila.

SMITH, CATHERINE, transferred from the Division Hospital, Manila, to the Post Hospital, Fort William McKinley, Rizal, P. I.

WHITE, CLARA BELLE, under orders to sail for Philippines from San Francisco on October 15, for duty in that division.

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